Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist

Commission on Dietetic Registration
the credentialing agency for the Academy of Nutrition and Dietetics

Commission on Dietetic Registration

Scope and Standards of Practice Task Force

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The 2024 Scope and Standards of Practice uses the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and the term NDTR to refer to both dietetic technicians, registered (DTR) and nutrition and dietetics technicians, registered (NDTR).

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REVISED 2024 SCOPE AND STANDARDS OF PRACTICE FOR THE REGISTERED DIETITIAN NUTRITIONIST

The Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist (RDN) serves as a key resource for RDNs to understand the practice environment and standards that guide RDN practice; to use to evaluate, improve, and expand their practice, and to demonstrate and assure safe and quality practice for the individuals and organizations they serve.

The RDN is educated and trained in food and nutrition science and dietetics practice. RDNs are integral members and leaders of interprofessional teams in health care, foodservice management, education, research, and other practice environments. They provide services in varied settings, such as health care; business and industry; community and public health systems; schools, colleges, and universities; the military; government; research; wellness and fitness centers; agribusiness; private practice; and communications. The purposes of this document are to:

1. describe the scope of practice for the RDN.
2. provide standards defining the minimum competent level of practice from which the practice and performance of RDNs can be evaluated.
3. convey the education and credentialing requirements for the RDN in accordance with the Accreditation Council for Education in Nutrition and Dietetics (ACEND) and Commission on Dietetic Registration (CDR).
4. educate colleagues in other health care professions, educators, students, prospective students, foodservice providers, health care administrators, regulators, insurers, business owners and managers, legislators, and the public about the RDN's qualifications, skills, and competence, as well as professional services provided by the RDN.
5. describe the relationship between the RDN and the nutrition and dietetics technician, registered (NDTR) to illustrate the collaborative work of the RDN/NDTR team providing direct patient/client care, and to describe circumstances in which the NDTR works under the supervision of an RDN.*
6. guide ACEND, CDR, and the Academy of Nutrition and Dietetics (Academy) and its dietetic practice groups in developing and promoting programs and services to advance the practice of nutrition and dietetics and the role of RDNs as leaders in providing quality food and nutrition care and services.

CDR's Practice Tips and Case Studies are helpful resources that credentialed nutrition and dietetics practitioners can use to guide their professional practice. Topics covered in this document with corresponding Practice Tips or Case Study are marked with an asterisk (*). These resources can be found at https://www.cdrnet.org/tips.

The credential, *registered dietitian nutritionist*, is a nationally protected title issued by CDR.[1] The Revised 2024 Scope and Standards of Practice for the RDN applies to all RDNs. This document does not apply to individuals who are not RDNs, such as food and nutrition managers, chefs, or nutritionists. There is also a Scope and Standards of Practice for the NDTR.[2] This credential is issued and administered by CDR and is a nationally protected title.

WHAT ARE THE SCOPE AND STANDARDS OF PRACTICE?

For the RDN, scope of practice and standards of practice are a comprehensive framework describing the competent level of RDN practice and professional performance expected from RDNs across all practice levels or settings. The scope of practice focuses on food, nutrition, and dietetics practice, as well as related services developed, directed, and provided by the RDN to protect the public, community, and populations; enhance health and well-being of patients/clients and communities; and deliver quality care, services, programs, and products. The scope of practice for each RDN has flexible boundaries that is defined by the individual RDN's education, training, credentialing, experience, and demonstrated and documented competence.[3]

The RDN scope of practice includes practice components applicable to nutrition and dietetics and begins with education and credentialing. It then incorporates practice resources; and concentrates on foundational elements of standards of practice and professional performance, code(s) of ethics (eg, Academy and CDR, other national organizations, and/or employer code of ethics), accreditation standards, state and federal regulations, national guidelines, and organization policy and procedures, options and resources for practice management and advancement; and ongoing professional continuing education to maintain currency in practice.

The standards and indicators reflect the minimum competent level[3] of nutrition and dietetics practice and professional performance for RDNs (See Figure 1 Standards of Practice). The standards incorporate multiple domains of professional performance including applying the Nutrition Care Process[4,5] and Terminology and other workflow elements for person-centered care.[6] The standards reflect the education, training, responsibility, and accountability of the RDN. The standards and indicators comprehensively depict the expectations for competent care of the patient/client/customer, delivery of services, and professional practice outcomes for the RDN. Examples listed within the indicators in Figure 1 may require higher levels of knowledge or skill to perform competently. Individuals are expected to continuously self-evaluate their need for additional or ongoing training to practice safely and competently considering the needs of individuals/populations served and practice setting(s).[7,8] This article represents the 2024 update of the Scope and Standards of Practice for the RDN.

WHY WERE THE SCOPE OF PRACTICE AND STANDARDS OF PRACTICE DOCUMENTS FOR THE RDN REVISED?

Scope and standards documents are reviewed and revised every 7 years. In the 2017 revision, the Scope of Practice for the RDN[9] and the Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for RDNs[10] were two separate documents. The two figures in the Revised 2017 SOP in Nutrition Care (4 standards) and SOPP (6 standards) for the RDN have been combined into one figure in the Revised 2024 article with 7 standards as outlined in Figure 2. Additionally, combining the scope and standards documents and figures reduces repetition, improves readability and accessibility, and recognizes the changing practice environment toward efficiency.

Figure 2. Standards Crosswalk. Crosswalk of 2017 Standards of Practice (SOP) and Standards of Professional Performance (SOPP) to the seven 2024 Standards.

Noteworthy changes since the 2017 Scope of Practice for the Registered Dietitian Nutritionist are the impact of the Coronavirus pandemic; the transition within health care towards telehealth;[11]* public health initiatives;[12,13] the evolution of practice towards greater health equity[3] for an increasingly welcoming and inclusive future;[14,15] growing application of nutrigenomics and personalized nutrition technologies;[16] the Malnutrition Quality Improvement Initiative (MQii),[17] and the evolving impact of the Centers for Medicare and Medicaid Services acceptance of the global malnutrition composite score (GMCS) electronic clinical quality measure (eCQM) for hospital reporting.[17–21]

WHY IS THE SCOPE AND STANDARDS OF PRACTICE FOR THE RDN IMPORTANT?

The scope and standards promote:

- ethical, safe, timely, efficient, effective, equitable, and person-centered food, nutrition, and related services, and dietetics practice;
- practice that is evidence-based or informed by the best available research/evidence;[3]
- improved nutrition and health-related outcomes and cost reduction methods;
- efficient management of time, finances, facilities, supplies, technology, and natural and human resources;
- quality assurance, performance improvement, and outcomes reporting; ethical and transparent business, billing, and financial management practices;[22–24]
- verification of practitioner qualifications and competence because state and federal regulatory agencies, and accreditation organizations look to professional organizations to create and maintain standards of practice;
- consistency in practice and performance;
- nutrition and dietetics research, innovation, and practice development; and
- individual professional advancement.

The standards provide:

- A description of minimum competent levels of practice and performance;
- common measurable indicators for self-evaluation;
- a foundation for public and professional accountability in nutrition and dietetics care and services;
- an explanation of the role of nutrition and dietetics and the unique services that RDNs offer within the health care team and in practice settings beyond health care;
- guidance for policies and procedures, job descriptions, competence assessment tools; and academic and supervised practice objectives for dietetics education programs.

FOUNDATIONAL DOCUMENTS

Foundational practice documents, along with applicable state and federal regulations, state practice acts, accreditation standards, organization program policies, guidelines and national practice informed standards serve as guides for high quality nutrition and dietetics practice.[25] (See Figure 3) Uses may include any of the following: assisting in self-evaluation, guiding career advancement, developing position descriptions, contributing to hiring decisions, initiating regulatory reform, or determining whether an activity aligns with a practitioner's individual scope of practice, such as ordering privileges. Documents that provide a foundation for the profession of nutrition and dietetics include:

- Code of Ethics for the Nutrition and Dietetics Profession[26]
- Revised 2024 Scope and Standards of Practice for the RDN
- Revised 2024 Scope and Standards of Practice for the NDTR
- Focus Area Standards of Practice and/or Standards of Professional Performance for RDNs: www.cdrnet.org/scope

Regular reviews of foundational practice documents are indicated to reflect the RDNs expanded scope of practice due to changes in health care and other business segments, public health initiatives, new or revised practice guidelines and research, performance measurement, consumer interests, technological advances, and emerging service delivery options and environments, for example telehealth. Questions and input from credentialed practitioners, federal and state regulations, accreditation standards, and other factors directed review and revision of the 2017 documents scheduled for updates in 2024.

Figure 3. Elements of High Quality Nutrition and Dietetics Practice

EDUCATION AND CREDENTIALING REQUIREMENTS

The RDN is the national credential granted to individuals who meet the education and other qualifications established by ACEND and CDR. ACEND is the accrediting agency for dietetics education programs of the Academy and is recognized by the US Department of Education as the accrediting agency for education programs that prepare RDNs and NDTRs. CDR is the credentialing agency of the Academy for all RDNs and NDTRs and is fully accredited by the National Commission for Certifying Agencies, the accrediting arm of the Institute for Credentialing Excellence. Accreditation by the Institute for Credentialing Excellence reflects achievement of the highest standards of professional credentialing.[27]

Education

Effective January 1, 2024, the minimum degree requirement for eligibility to take the registration examination for dietitians changed from a bachelor's degree to a graduate degree. All other didactic and supervised practice eligibility requirements remain the same.[28,29] This change in degree requirement does not apply to RDNs credentialed prior to January 1, 2024.

The following components are required for eligibility for the CDR Registration Examination for the RDN credential:

Coursework

- Completion of required nutrition and dietetics coursework through an ACEND-accredited didactic program or coordinated program in dietetics. Coursework typically includes food and nutrition sciences, lifespan nutrition, community nutrition, communications, business, economics, computer science, foodservice management and systems, psychology, sociology, anatomy and physiology, pharmacology, genetics, microbiology, organic chemistry, and biochemistry. **Note**: there are international programs in dietetics that have been recognized by ACEND under the Foreign Dietitian Education Standards or International Dietitian Education Standards.[30]
- Completion of at least a graduate degree granted by a US regionally accredited university or college, or foreign equivalent.

Supervised Practice

- Completion of an ACEND-accredited supervised practice through a dietetic internship, individualized supervised practice pathway, or a coordinated program in nutrition and dietetics.

For more information regarding the academic requirements and supervised practice for RDNs, refer to ACEND's website: https://www.eatrightpro.org/acend.

Credentialing

Credentialing is maintained through the CDR. After completing a graduate degree, nutrition and dietetics coursework, and supervised practice, candidates must successfully pass the required registration examination for dietitians administered by CDR.

Candidates who have not completed supervised practice through a dietetic internship or individualized supervised practice pathway are eligible for the Registration Examination for NDTRs if they have successfully completed coursework in an ACEND-accredited didactic program in dietetics and completed at least a bachelor's degree at a US regionally accredited college or university (https://www.cdrnet.org/certifications/registration-eligibility-requirements-for-dietetic-technicians).

CDR currently has reciprocity agreements with foreign regulatory boards or a foreign equivalent. "Reciprocity is extended to individuals who completed all certification requirements (academic, didactic, experiential, and examination) in the country with whom CDR has an agreement".[29] For more information regarding RDN credentialing, refer to CDR's website:www.cdrnet.org.

Use of RD, RDN and DTR, NDTR Credential
Code of Ethics: Principle 2 Standard C
Nutrition and dietetics practitioners shall maintain and appropriately use credentials.[26] The credentials are RD, RDN and DTR,NDTR. There is no approved term for practitioners who are eligible to become an RD, RDN or DTR, NDTR, therefore, using the credential RD, RDN or DTR, NDTR with words such as eligible or aspiring is against the Code of Ethics.

"When providing services, the nutrition and dietetics practitioner adheres to the core values of customer focus, integrity, innovation, social responsibility, and diversity. Science-based decisions, derived from the best available research and evidence, are the underpinnings of ethical conduct and practice."[26] By maintaining CDR credentials, all RDNs and NDTRs agree to abide by the Code of Ethics for the Nutrition and Dietetics Profession.

The Code of Ethics reflects the values and ethical principles guiding the nutrition and dietetics profession and serve as commitments and obligations of the practitioner to the public, clients, the profession, colleagues, and other professionals. As the profession of nutrition and dietetics evolves, novel ethical situations confront the practitioner. Credentialed nutrition and dietetics practitioners are ethically obligated to perform self-assessments to ensure competence in practice as well as apply the Code of Ethics in all aspects of their practice and professional lives as long as their RDN credential is active.[8] It is incumbent upon the RDN to remain current in trends related to professional ethical considerations and decision making[31] such as proper use and citation of intellectual property,[26,32,33] health equity,[34,35]and use of social media.[33] The *Journal of the Academy of Nutrition and Dietetics* publishes "Ethics in Practice" articles providing clarity on profession-related ethical issues.

The Academy and CDR adopted the Disciplinary and Ethics Complaints Policy as a means to bring forth complaints about members and credentialed practitioners. Support of the Code of Ethics by Academy members and CDR credentialed practitioners is vital to guiding the profession's actions and strengthening its credibility.[36,37]

Competence

RDNs can only practice in areas in which they are qualified and have demonstrated and documented competence to achieve ethical, safe, equitable, and quality outcomes in the delivery of food and nutrition services.[8] Competence is an overarching "principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis."[38] Competent practitioners understand and practice within their individual scope of practice; use up-to-date knowledge, skills, judgment, and best practices; make sound decisions based on appropriate data; communicate effectively with patients, customers, and others; critically evaluate their own practice; identify the limits of their competence; and improve

performance based on self-evaluation, applied practice, and feedback from others. In addition, professional competence involves the ability to engage in clinical or practice-specific reasoning that facilitates problem solving and fosters person-/customer-centered behaviors and participatory decision making.

RDNs maintain their registration by completing 75 hours of continuing education every 5 years. Documentation of completed continuing education is maintained in their CDR *Professional Development Portfolio*.[39] At minimum, reporting continuing education promotes safe and competent professional practice as requirements and competencies evolve with new evidence, new role(s) and responsibilities, and changing stakeholder expectations. Practice competencies define the knowledge, skills, judgment, and attitude requirements throughout a practitioner's career, across practice, and within focus areas of practice. Competencies provide a structured guide to help identify, develop and strengthen, and evaluate the behaviors required for continuing competence.[40,41]

Ethical Billing Practices

The RDN must have sound business processes and adhere to the elements of ethical billing across the continuum of practice management and the delivery of clinical nutrition care.[22] For medical nutrition therapy (MNT) billing and payment purposes, the RDN should review state licensure laws and payer policies to determine practice criteria for providing MNT services. It is essential that RDNs understand the billing code descriptions and exact details of the codes to identify who can bill and how to bill for services.[22] Medicare defines MNT as "nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a Registered Dietitian" for the purpose of managing diabetes or a kidney disease.[42] For nutrition services payment resources on coverage and reimbursement management and best practices for MNT services, see https://www.eatrightpro.org/career/payment/how-rdns-are-paid-for-services.

Evidence-Based Practice

With high quality and evidence-based practice[3,43] as guiding factors when working with patients, clients, customers, and/or populations, the RDN identifies the level of evidence, clearly states research limitations, provides safety information from reputable sources, and describes the risk of the intervention(s), when applicable. The RDN is responsible for searching literature and assessing the level of evidence to select the best available evidence to inform recommendations. RDNs must evaluate and understand the best available evidence in order to converse authoritatively with the interprofessional team and adequately involve the customer/population in shared decision making.[44]

Health Equity

RDNs foster health, professional, and learner equity throughout the nutrition and dietetics profession, as well as create inclusive work, professional, and educational environments free from bias and discrimination.[14,45,46] CDR

has defined health equity as "equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. 'Health equity' or 'equity in health' implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential".[3] CDR strives to incorporate the values of inclusivity, innovation and integrity to realize its mission and vision.[47] For more information on these concepts, visit Commission On Dietetic Registration (cdrnet.org) and Academy of Nutrition and Dietetics (eatrightpro.org)

INDIVIDUAL SCOPE OF PRACTICE – UNIQUE TO EACH RDN

Each RDN has an individual scope of practice that is comprised of the following:

- Scope and Standards of Practice for the RDN
- State Laws (licensure, certification, title protection)[48]
- Education (initial and ongoing continuing education) and Credentials
- Federal and State Regulations and Interpretive Guidelines
- Accreditation Organizations Standards
- Organization Policies and Procedures
- Additional RDN-specific training/credentials/certifications[3,49]

Each RDN's scope of practice in nutrition and dietetics has flexible boundaries characterizing the depth and breadth of their professional practice. RDNs are encouraged to pursue additional training and experience, regardless of practice setting, to maintain currency and to expand individual scope of practice within the limitations of the legal scope of practice, as defined in state law, if applicable, and federal and state regulations. To determine whether an activity is within the scope of practice of the RDN, practitioners evaluate their knowledge, skill, and demonstrated and documented competence necessary in performing any service or activity safely and ethically. The Scope of Practice Decision Algorithm[7] (www.cdrnet.org/scope), an online tool, guides a credentialed nutrition and dietetics practitioner through a series of questions to determine whether a particular activity is within their scope of practice. The algorithm is designed to allow for critical evaluation of personal knowledge, skills, experience, judgment, and demonstrated competence using criteria resources.

STATUTORY SCOPE OF PRACTICE, LICENSURE, AND PRACTICE ACTS

This document, the Revised 2024 Scope and Standards of Practice for the RDN, does not supersede state practice acts (ie, licensure, certification, or title protection laws). However, when state law does not define scope of practice for the RDN, the information within this document may assist with identifying activities that may be permitted within an RDN's individual scope of practice based on qualifications (ie, education, training, certifications, organization policies, clinical privileges/credentialing, referring physician-directed protocols or delegated orders, and demonstrated and documented competence).

Statutory scope of practice is typically established within a state-specific practice act and is interpreted and controlled by the agency or board that regulates the practice of the profession. "Legal scopes of practice for the health care professions establish which professionals may provide which health care services, in which settings, and under which guidelines or parameters. With few exceptions, determining scope of practice is a state-based activity. State legislatures consider and pass practice acts, which become state statute or code. State regulatory agencies, such as medical and other health professions' boards, implement the laws by writing and enforcing rules and regulations detailing the acts."[50]

State licensure and practice acts for RDNs guide and govern nutrition and dietetics practice. Some laws provide licensure with practice exclusivity (limits the ability of unlicensed individuals to provide services within the defined scope of practice for the regulated profession) while others are based on protecting the title "dietitian" and "dietitian nutritionist"; that is, certification, or title protection. These statutory provisions ensure the public has access to professionals that are qualified by education, experience, and examination to provide nutrition care services. As of 2023, 48 states, Puerto Rico and the District of Columbia have statutory provisions regarding professional regulations for dietitians and/or nutritionists.[48] This document, the Revised 2024 Scope and Standards of Practice for the RDN, may also be used to guide the development of state practice acts or regulations.

RDNs operate within applicable federal and state laws and regulations, and accreditation organization standards, when applicable; employer policies and procedures; and designated roles and responsibilities. Entities paying for nutrition services, such as insurance providers, may establish additional regulations or requirements that RDNs must follow to receive payment for medical nutrition therapy (MNT) for their beneficiaries. When the practitioner and patient/client are located in different states, the practitioner must be licensed in the state where the patient/client is located and/or meet all applicable standards of both states.[11]

RDN vs. Nutritionist: What's the Difference?

All RDNs are nutritionists, but not all nutritionists are RDNs.[3] A nutritionist is a person who studies nutrition and/or provides education or counseling in nutrition principles. This individual may or may not have an academic degree in the study of nutrition and may or may not actually work in the field of nutrition.[51] Some states have enacted licensure laws or other forms of legislation that regulate use of the title "nutritionist" and/or sets specific qualifications for holding the title. Often (but not uniformly), these state laws include an advanced degree in nutrition. Refer to the state licensure board or agency for the state-specific licensing act. (https://www.cdrnet.org/LicensureMap)

CREDENTIALS, CERTIFICATES OF TRAINING, AND RECOGNITIONS AVAILABLE TO RDNS

As of 2024, CDR offers Board Certification in the following specialty areas:

- Board Certification as a Specialist in Gerontological Nutrition (CSG)
- Board Certification as a Specialist in Obesity and Weight Management - interdisciplinary certification (CSOWM)
- Board Certification as a Specialist in Oncology Nutrition (CSO)
- Board Certification as a Specialist in Pediatric Nutrition (CSP)
- Board Certification as a Specialist in Pediatric Critical Care Nutrition (CSPCC)
- Board Certification as a Specialist in Renal Nutrition (CSR)
- Board Certification as a Specialist in Sports Dietetics (CSSD)

CDR also offers the advanced practice certification in clinical nutrition (RD-AP or RDN-AP). Both types of certifications (Board Certified Specialist and Advanced Practice) require documentation of practice experience, successful exam completion, and re-examination every 5 years.[52,53]

Until 2002, the Academy offered the "Fellow of the American Dietetic Association" (FADA) credential, which is still held by some RDNs.[3] Beginning in 2013, the Academy began offering the recognition certificate "Fellow of the Academy of Nutrition and Dietetics" (FAND). FAND recognizes members who have distinguished themselves among their colleagues, as well as in their communities, by their service to the nutrition and dietetics profession and by optimizing the nation's health through food and nutrition.[54] The Academy and CDR also offer certificates of training.[55,56]Additional credentials or certificates of training are offered by other national organizations that relate to nutrition and dietetics practice.[49,56,57] It is the responsibility of the RDN to verify with those organizations the eligibility and maintenance requirements.

RELATIONSHIP OF THE RDN WITH THE NDTR IN DELIVERING HIGH QUALITY NUTRITION CARE

The RDN is responsible for supervising or providing oversight of any patient/client/population nutrition care activities assigned to professional, technical, and support staff, including the NDTR, and is held accountable to the patients/clients/populations and others for services rendered. This description of "supervision" as it relates to the RDN/NDTR team is not the same as managerial supervision or clinical supervision used in medicine and mental health fields (eg, peer to peer), supervision of provisional licensees, and/or supervision of dietetics interns and students.*

In direct patient/client care, the RDN and NDTR work as a team using a systematic process reflecting the Nutrition Care Process and workflow elements[3,4] and the organization's documentation system, for example, an electronic health record that uses one of the available standardized terminologies that may incorporate the electronic Nutrition Care Process Terminology (eNCPT).[58] The RDN develops and oversees the system for delivery of person-centered nutrition care activities, often with the input of others, including the NDTR. The RDN is responsible for reviewing reported nutrition screening data or conducting nutrition screening, if applicable; completing nutrition assessments; determining the nutrition diagnosis or diagnoses; developing care plans; implementing the nutrition intervention; evaluating the patient's/client's response; and supervising the activities of professional, technical, and support personnel assisting with the patient's/client's nutrition care.*

RDNs assign duties that are consistent with the NDTR's individual scope of practice. For example, the NDTR may initiate standard procedures, such as completing and/or following up on nutrition screening for assigned units/populations/patients/clients, performing routine activities based on diet order and/or policies and procedures, completing the intake process for a new clinic patient/client, and reporting to the RDN when a patient's/client's data suggest the need for an RDN evaluation. The NDTR actively participates in nutrition care by contributing information and observations, guiding patients/clients in menu selections, monitoring meals/snacks/nutrition supplements for compliance to diet order, and providing nutrition education on prescribed diets. The NDTR reports to the RDN on the patient's/ client's response, including documenting outcomes or providing evidence signifying the need to adjust the nutrition intervention/plan of care.[51]

NUTRITION CARE PROCESS AND WORKFLOW ELEMENTS

RDNs whose practice involves nutrition care, MNT, and nutrition-related services use knowledge, skills, evidence-based information and research, critical thinking, and clinical judgment to address health promotion and wellness, and prevention, delay, or management of acute or chronic diseases and conditions for person-centered care for individuals and groups. RDNs use various tools and resources, including the Academy's Evidence Analysis Library, Nutrition Care Manuals (Adult, Pediatric, and Sports), practice guidelines from federal agencies such as the National Institutes of Health and other professional organizations (eg, American

Diabetes Association, National Comprehensive Cancer Network, American Society for Parenteral and Enteral Nutrition, National Kidney Foundation, and American Academy of Pediatrics) to guide MNT care practices.

The Nutrition Care Process (NCP) is a systematic approach to providing high quality person-/population-centered nutrition care and services; its application is used within MNT services provided by the RDN.[4,59,60] (See Figure 4 [61–63]) The NCP consists of four distinct, interrelated steps: Nutrition Assessment and Reassessment, Nutrition Diagnosis, Nutrition Intervention, and Nutrition Monitoring and Evaluation. The RDN uses the NCP and other workflow elements to individualize and evaluate care and service processes within organization systems specific to the discipline of nutrition and dietetics. The Academy's evidence-based nutrition practice guidelines incorporate the NCP as the standard process for guiding patient/client/population care. Complementary to the NCP is the standardized terminology published by the Academy as the electronic Nutrition Care Process Terminology (eNCPT). It is an online comprehensive resource for documenting care by providing accurate and specific descriptions of services using standardized terminology.[58,64,65] (www.nutritioncareprocess.org). The terminology is incorporated into electronic health record systems and can be used with preferred charting format (eg, Flowsheet; Subjective, Objective, Assessment, Plan [SOAP]; or the Assessment, Diagnosis, Intervention, Monitoring, Evaluation [ADIME]). An additional benefit of using the eNCPT is the ability to collect data that would enable reporting outcomes and quality of care.[58]

Figure 4. Nutrition Care Process and Workflow: Roles of Registered Dietitian Nutritionists (RDNs) and Nutrition and Dietetics Technicians, Registered (NDTRs).

Care Processes and Workflow elements	RDN Role	NDTR Role
Nutrition Screening[61–63]	Identify evidence-based screening criteria/tool according to the patient/client population (adult or pediatric), collaborate for incorporation into health record system when screening completed by others, and review reported nutrition screening data or incorporate screening into nutrition assessment	Review nutrition screening completed by others or obtain and document screening data
Nutrition Assessment and Reassessment	Perform and document results of initial and follow-up assessment(s)	Per RDN request or standard procedure, obtain and document specified data to contribute elements of the nutrition assessment or reassessment for completion by the RDN
Nutrition Diagnosis	Determine nutrition diagnosis(es)	Per RDN-assigned[a] task, communicate and provide input to the RDN
Nutrition Intervention Plan of Care	Determine or recommend nutrition prescription and initiate interventions such as Medical Nutrition Therapy (MNT). When applicable, adhere to disease or condition-specific protocol orders initiated by the referring practitioner	Implement/oversee standard operating procedures; assist with implementation of individualized patient/client/customer interventions and education as assigned[a] by the RDN
Nutrition Monitoring and Evaluation	Determine and document outcome of interventions reflecting input from all sources[b]	Implement/oversee duties performed by other nutrition and foodservice staff; monitor patient/client tolerance and acceptance of meals, snacks, nutritional supplements; document per procedure; and report to the RDN and other team members the results and observations of monitoring activities
Discharge Planning and Transitions of Care	Coordinate and communicate nutrition plan of care for patient/client discharge and/or transitions of care	Assist with or provide information as assigned[a] by the RDN

[a] In health care and other settings providing individualized patient/client nutrition care and medical nutrition therapy, the RDN or clinically qualified nutrition professional[66–68] is ultimately responsible and accountable to the patient/client/advocate, employer/organization, consumer/customer, and regulator for nutrition activities assigned to NDTRs and other technical, professional and support staff.

[b] Patient/client, family, caregiver, guardian, advocate, nutrition and foodservice staff, interprofessional team members.

The NCP is a framework that applies beyond clinical practice. It provides a structured, problem-solving process for critical thinking and evidence-based decision making that can be used in any work setting such as foodservice, community programs, education, management, and research.[69–71]

Medical Nutrition Therapy

RDNs are the most qualified to provide MNT, a cost-effective, essential component of comprehensive nutrition care.[3,72–75] Individuals and groups with medically prescribed diets, individualized meal plans, specialized oral feedings, enteral nutrition (tube feedings), and parenteral nutrition (specialized intravenous solutions) with adjustments based on medical status and the individual's acute or chronic diseases or conditions, and the analysis of potential food or nutrient and drug interactions benefit from MNT.[3] Examples of medical conditions and diseases for which RDNs provide MNT are included in the Academy's EAL (https://www.andeal.org), and as outlined in the Academy's Nutrition Care Manual include malnutrition, Type 1 and Type 2 diabetes, cardiovascular disease, chronic kidney disease, food allergies and intolerances, cystic fibrosis, gastrointestinal disorders, cancer, organ transplants and many others. For a complete list of medical conditions, consult the Academy Nutrition Care Manuals (including Pediatric and Sports) (https://www.nutritioncaremanual.org/ncm-toc).

RDNs in clinical practice providing person-/population-centered nutrition care and MNT at various levels of practice (competent, proficient, and expert) use the NCP and its standardized terminology as described in Figure 4 to:

- Apply the NCP and workflow elements in providing person-/population-centered nutrition care of individuals across the life span and continuum of care that considers other factors affecting nutrition and health status such as culture, ethnicity, gender,[76] and social determinants of health.[14,43] Refer to the Standards of Practice Standard 7 for all the elements encompassed within MNT and the NCP.
    - Perform assessment (or reassessment) of a patient's/client's nutrition status.
    - Complete a nutrition-focused physical exam through an evaluation of body systems, muscle and subcutaneous fat wasting, feeding ability, oral health, skin condition, appetite, and affect.[77–79] For additional information see https://www.eatrightpro.org/nfpe.
- Order, recommend, perform, and/or interpret test results related to nutrition status: blood pressure, anthropometrics, indirect calorimetry, laboratory tests, and waived point-of-care laboratory testing (eg, blood glucose, cholesterol).*
- Order and monitor evidence-based nutrition interventions to meet person-/population-centered nutrient and energy needs, including but not limited to prescribed diets; medical food/nutrition supplements; dietary supplements;[80,81] nutrition support therapies such as enteral nutrition and parenteral nutrition support, nasoenteric feeding tube placement,[82] and provide feeding therapy (pediatric oral aversion).*
- Initiate, implement, and adjust protocol- or physician-order-driven nutrition-related medication orders and pharmacotherapy plans, in accordance with clinical privileges, delegated orders, or protocols consistent with organization policy and procedure.*

- Assist or lead in the development, promotion, and participation in the organization's food and nutrition-related initiatives (eg, enhanced recovery after surgery protocols,[83–85] nutrition support team, diabetes education program,[86] RDN swallow screening for dysphagia[87,88]*).
- Provide nutrition counseling; nutrition behavior therapy; lactation counseling;[89] health and wellness coaching;[3] * and nutrition, physical activity, lifestyle, and health education and counseling as components of preventative, therapeutic, and restorative health care.
- Evaluate, educate, and counsel related to nutritional genomics, precision nutrition, gene-diet and disease interactions; genetic, environmental, and lifestyle factors.[90–93]
- Evaluate, educate, and counsel related to the use of nutrition-related pharmacotherapy plans, over-the-counter medications, dietary supplements, and food-drug, drug-nutrient, and supplement-drug-nutrient interactions.
- Manage nutrition care; collaborate with other health and nutrition professionals and as members of interprofessional teams; contribute to rounds or care conferences; be part of palliative and hospice care teams; participate in care coordination.
- Make referrals to appropriate nutrition resources, programs, or other health professionals.
- Document care provided using standard terminology through HIPAA-compliant electronic health record platform or other organization-approved methods.[94,95]
- RDNs in leadership roles:
    - Determine appropriate quality standards in foodservices and nutrition programs.
    - Lead or participate in organization, department and interprofessional quality assurance and performance improvement activities[23]* to demonstrate commitment to safe, ethical, and quality person-/population-centered care and/or programs and services.
    - Train NDTRs and support staff, and mentor nutrition and dietetics students and interns in the provision of nutrition services.
    - Delegate to and supervise the work of the NDTR or other professional, technical, or support staff who are engaged in direct patient/client nutrition care; or consistent with area of practice or setting and RDN's area(s) of responsibility.

Advanced Practice

Assessing and managing individuals with complex diseases or conditions requires specific knowledge, skills, and specialized training beyond core education and supervised practice. Examples include but are not limited to:

- Insertion of nasoenteric feeding tubes[96–99]
- Counseling for pre-diabetes,[100]* interpreting data and adjusting continuous glucose monitoring [CGM] devices, insulin pumps, and diabetes-related technology[16]

- Conducting and interpreting bedside ultrasound to assess muscle changes[101]
- Developing and implementing wound prevention, skin management, and nutritional wound intervention programs[102]
- Psychosocial screening, monitoring for disordered eating and sleep health[86] or
- Managing individuals with eating disorders, inborn errors of metabolism, or organ transplants

Advanced training and/or a related specialty certification such as CDR Board-Certified Specialist credentials (see the credential chart available at www.cdrnet.org/scope). Certified Specialist in Renal Nutrition (CSR), Certified Specialist in Pediatric Nutrition (CSP), Certified Specialist in Sports Dietetics (CSSD), or Certified Diabetes Care and Education Specialist (CDCES) is typically required by employers to work with patients with complex care needs or of a specific population group. Familiarity with practice guidelines, evidence-based research and information, and leadership and collaborative team-based care[103,104] with members of the interprofessional team is characteristic of beyond entry-level practice.[105–109] At times, it is important for safety and quality of care to recognize when assistance is needed or to facilitate referral to an RDN or other health care professional with appropriate competence and expertise.

MODALITIES OF SERVICE

Alternatives for delivering services to patients/clients/populations beyond in-person visits have expanded since 2020, particularly as an outcome of the COVID-19 pandemic, that enabled more options for virtual (audio only, audio and visual, e-mail, mobile or app-enabled technology) direct care services for patients and their caregivers. Telehealth options offer the benefit of allowing health care professionals including RDNs to reach patients at their homes or other allowed virtual settings.[11,110] * It is incumbent on the RDN providing telehealth services to be cognizant of the legal ramifications of how care is delivered.

Whether the communication with patients/clients is in-person or virtual, it is important to understand all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) for privacy and security of protected health information (PHI).[95,111–113] It is critical to use HIPAA-compliant technology for communication and for maintaining electronic health records; and assure proper maintenance, storage, and disposal of electronic health records, and any paper records or notes.[95]

LAWS AND REGULATIONS SHAPING RDN PRACTICE

Laws and regulations specific to an RDN's area(s) of nutrition and dietetics practice may impact roles and/or responsibilities. Thus, a core accountability is investigating and maintaining familiarity with practice parameters for RDNs, and other health care professionals such as state licensure, when applicable.[48] This includes situations when RDNs are working with clients across state lines, and other laws, federal, state, and local regulations applicable to work settings.

RDNs are responsible for adhering to and implementing all applicable laws, regulations, and standards related to their specific practice area(s) and responsibilities, and department, organization, and other programs within their area of responsibility. If an RDN delegates tasks, they are responsible for ensuring the task is completed by a legally appropriate, trained and competent individual. These laws, regulations, and standards include, but are not limited to:

- Federal health care facility regulations (eg, hospital,[66] critical access hospital,[68] end-stage renal disease facilities,[114] long-term care,[67] and emergency preparedness for all provider types[115])
    - Use the guidance link and click on the alphabetical letter to open the applicable Centers for Medicare and Medicaid Services State Operations Manual Appendix at: https://www.cms.gov/files/document/som107appendicestoc.pdf
- Organization accreditation standards (eg, The Joint Commission [TJC], Accreditation Commission for Health Care [ACHC] formerly known as Healthcare Facilities Accreditation Program [HFAP], DNV GL Healthcare Accreditation and Certification, Commission on Cancer [CoC], Public Health Accreditation Board [PHAB]), patient/customer safety guidelines[116]
- US Department of Agriculture Food and Nutrition Service Nutrition Standards for School Meals[117]
- Management-related regulations (eg, employee safety,[118] human resources regulations and laws, as applicable,[119–121] federal, state, city, county, and retail food codes and food safety regulations[122,123]
- The Patient Protection and Affordable Care Act[124]
- Health Insurance Portability and Accountability Act (HIPAA)[111,112]
- US Department of Health and Human Services, Office of the National Coordinator of Health (ONC) 21st Century CURES Act that specifies 8 types of electronic clinical notes that must be made available to patients[125–128]

Ordering Privileges

The Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services, Hospital and Critical Access Hospital Conditions of Participation now allow a hospital and its medical staff the option of including RDNs or other clinically qualified nutrition professionals within the category of "non-physician practitioners" eligible for ordering privileges for therapeutic diets and nutrition-related services if consistent with state law and health care regulations. RDNs in hospital settings interested in obtaining ordering privileges must review state laws (eg, licensure, certification, and title protection), if applicable, and health care regulations to determine whether there are any barriers or state-specific processes that must be addressed. For more information, review practice tips that outline the regulations and implementation steps for obtaining ordering privileges (https://www.cdrnet.org/tips). For assistance, refer questions to the Academy's State Affiliate organization.

COLLABORATIVE PRACTICE

Interprofessional collaborative practice (IPCP), and avoiding working in professional silos, is the expectation in health care settings to reduce medical errors, improve communication and coordination among health care professionals, and improve health outcomes.[129,130] Emphasis is placed on academic programs, including nutrition and dietetics education programs, to incorporate interprofessional education opportunities for students in the health disciplines to learn and practice together to gain experience in team-based care.[103,104,131–134] RDNs are key members of interprofessional teams. To enhance and grow recognition and leadership roles, new or enhanced skills may be needed such as negotiation, delegation, techniques for developing cooperation and mutual trust, communication skills,[135] and shared leadership that would apply to any work setting. Consider components of effective collaboration such as shared values, mutually developed perspectives, and value of collaborative decision making for a patient's care rather than separate recommendations by each team member around the same element of treatment. The 2022 ACEND Standards Knowledge and Competency Statements and the CDR Essential Practice Competencies contain expectations for dietetics education programs and RDN credentialed practitioners addressing IPCP.[41,132]

IPCP is an opportunity for professional growth and leadership for RDNs to demonstrate capabilities and contribute to patient and client outcomes. For an example of IPCP in action, consider reviewing the Malnutrition Quality Improvement Initiative (MQii) Toolkit and participating in a malnutrition interprofessional team which is an opportunity for learning and skill development. The performance improvement projects provide an avenue for clinical leadership in collaboration with interprofessional team partners to use the Global Malnutrition Composite Score (GMCS) measure and to identify care process improvements for patients with or at risk of malnutrition.[136–138]

PRACTICE AREAS, SERVICES AND ACTIVITIES

The depth and breadth of the RDN's practice expands with advances in many areas, including but not limited to nutrition, dietetics, food production, food safety, food systems management, health care, public health, community nutrition, and information and communication technology. The RDN understands how these advances impact health status, disease prevention and treatment, quality of life, agriculture, ecological sustainability, business innovation, and the safety and well-being of the public. The differences of the population, federal and state legislative actions, health and chronic disease trends, and social and environmental trends influence professional practice and the goals and objectives of those served by the RDN. The effectiveness of nutrition-related care and services depends on active participation by all parties involved. Integral to this effort, RDNs play critical roles in leading the public in promoting access to and incorporating healthful food supplies, food choices, eating behaviors, and physical activity into daily lives; and aiding individuals in making informed choices regarding food and nutrition.

The majority of RDNs are employed in health care settings (eg, acute care hospitals, ambulatory clinics, home infusion, mental health centers, rehabilitation centers, dialysis centers, bariatric surgery centers, long-term, post-acute, or assisted living facilities)[139] addressing wellness, prevention, and nutrition management of diseases and medical conditions.

Core education and supervised practice, work, and volunteer experiences, targeted continuing education and applicable certifications have greatly expanded opportunities for RDNs. Figure 5 highlights a variety of practice areas where individuals would find RDNs serving as practitioners, supervisors, managers, directors, vice-presidents, chief executive officers within organizations or across systems, educators, researchers, media spokespeople, authors, website developers, sustainability leaders, state and federal agency directors or staff or any other type of position the RDN wants to pursue consistent with interests, qualifications, and individual scope of practice.

Figure 5. Practice Areas for RDNs

Health Care

Areas Include:

- Acute, long-term acute, behavioral health and psychiatric, and ambulatory outpatient
- Bariatric, chronic kidney disease and dialysis,[140] cardiac rehabilitation, diabetes education programs
- Post-acute – rehabilitation, assisted living, skilled, long-term, home infusion, and palliative care[141–144]
- Private practice
- State and federal government agencies
- Veterans Administrations Healthcare System

Types of Positions:

- Practitioner, coordinator, supervisor, manager, director, multidepartment or system manager/director, executive officer, quality improvement specialist

Preventative Care, Wellness, Lifestyle

Areas Include:

- Public health – federal, state, local agencies[145,146]
- Global health[147]
- Community health – clinics, mental health and substance use programs[145,148]
- Indian Health Services
- Federally assisted nutrition programs (eg, WIC, SNAP-Ed)[149]
- Community and employee wellness programs
- School nutrition[150–152]
- Community and medical fitness centers
- Sports and human performance – college, university, professional, US Olympics[153]
- College and university health services
- Professional associations

Types of Positions:

- Director, manager, supervisor, educator, practitioner, consultant, author (articles, books, social media), spokesperson, lobbyist, researcher, and food, infant formula, or nutritional supplement company representative

Foodservice Systems, Culinary, Retail

Areas Include:

- Foodservice systems – health care, school, college and university, and corrections[152,154]
- Teaching kitchens – culinary nutrition/culinary medicine[155]

•Restaurants – retail and corporate
•Food corporations and distributors
•Retail – supermarkets, corporate, food vendors
•Food product, food label, and recipe development
•Computerized foodservice management systems
•Food safety

Types of Positions:
Executive, director, manager, supervisor, culinary educator, culinary scientist, food writer, cookbook author, chef, marketing professional, public relations executive, supermarket-retail dietitian, food scientist, food and beverage purchaser, consultant, and media reporter

Military Services, First Responders, US Public Health Services

Areas Include:
•Military services – active duty and reserve, federal civilian employees
•Military health care system
•Overseas Department of Defense school nutrition programs
•Commissioned Corps of the US Public Health Service
•Staff of federal agencies such as National Institutes of Health, Centers for Disease Control and Prevention, and Centers for Medicare & Medicaid Services

Types of Positions:
Active duty and reserve component commissioned officer in the US Armed Forces, health care practitioner, federal civilian employee, consultant for military readiness, educator with the US Army dietetic internship

Sustainable Food and Water Systems[44]

Areas Include:
•Agriculture – farmers and producers
•Natural resource conservation organizations
•Non-profit organizations serving the food insecure- food banks, food pantries, Harvesters, Feeding America
•Local, state, and federal government agencies
•Sustainability organizations
•Food policy councils or coalitions
•Foodservice systems management
•Farm to institution

Types of Positions:
Consultant, owner/operator farm or agribusiness, practitioner in food bank, food pantry, nongovernment organization serving food insecure or in natural resource conservation

Education and Research

Areas Include:
•Nutrition and dietetics education programs[156]
•Undergraduate and graduate programs
•Culinary and hospitality programs
•Cooperative Extension – university/county agencies
•Research
•Technology centers

Types of Positions:
Faculty, preceptor, department and/or program director, dean, researcher

Practice areas that span across multiple settings include emergency preparedness,[157] business, industry and communications,[32,135] entrepreneurial and private practice, management and leadership,[158,159] nutrition informatics,[160–162] and quality management.[163] Types of clinical activities applicable across the lifespan and health settings include malnutrition (clinical malnutrition), care coordination and discharge planning,[144,164] dysphagia,[87,88,165] integrative and functional medicine,[166] eating disorders,[167] health and wellness coaching,[3] and weight management.[168]

HOW ARE THE STANDARDS STRUCTURED?

Each of the standards is presented with a brief description of the competent level of practice.[3] The rationale statement describes the intent, purpose, and importance of the standard. Indicators provide measurable action statements that illustrate applications of the standard. Indicators, while at the competent level of practice, may contain examples that may require a higher level of competence to perform (eg, proficient or expert).[38,169] Each standard is equal in relevance and importance (see Figure 1).

HOW ARE THE 2024 SCOPE AND STANDARDS OF PRACTICE FOR THE RDN AND THE FOCUS AREA STANDARDS RELATED?

The standards included in the Revised 2024 Scope and Standards of Practice for the RDN serve as blueprints for the development of focus area standards for RDNs. Of note, while the 2024 standards for RDNs reflect the minimum competent level of nutrition and dietetics practice, focus area standards contain three levels (competent, proficient, and expert) to convey the continuum of practice as RDNs attain increasing levels of knowledge, skill, experience, and judgment in specific practice areas.

As of 2024, there are 17 published focus area standards for RDNs. Focus area standards use the preceding scope and standards for all RDNs as their framework. For example, the focus area articles published prior to 2024 reflect the 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance. With publication of the Revised 2024 Scope and Standards of Practice for RDNs, the focus area standards will subsequently be updated to the new format. Focus area standards can be accessed on the *Journal of the Academy of Nutrition and Dietetics* website or through CDR's website at www.cdrnet.org/scope:

- Adult Weight Management[168]
- Clinical Nutrition Management[170]
- Diabetes Care[100]
- Eating Disorders[167]
- Education of Nutrition and Dietetics Practitioners[156]
- Intellectual and Developmental Disabilities[171]
- Management of Food and Nutrition Systems[154]
- Mental Health and Addictions[148]
- Nephrology Nutrition[172]
- Nutrition in Integrative and Functional Medicine[166]
- Nutrition Support[98]
- Oncology Nutrition[173]
- Pediatric Nutrition[174]

- Post-Acute and Long-Term Care Nutrition[144]
- Public Health and Community Nutrition[145]
- Sports and Human Performance Nutrition[153]
- Sustainable, Resilient, and Healthy Food and Water Systems[44]

Focus area standards have not been developed for all focus areas where RDNs practice; in addition, some RDNs may need to apply several focus area standards to their practice to have a holistic guide for their work.

HOW CAN I USE THE STANDARDS TO EVALUATE AND ADVANCE MY PRACTICE AND PERFORMANCE?

RDNs use the standards as a self-evaluation tool to support and demonstrate quality practice and competence.[8] RDNs can:

- apply every indicator and achieve the outcomes in line with roles and responsibilities all at once, or identify areas to strengthen and accomplish;
- identify additional indicators and examples of outcomes (ie, outcomes measurement is a way to demonstrate value and competence) that reflect their individual practice/setting;
- apply only applicable indicators based on diversity of practice roles, activities, organization performance expectations, and work or volunteer practice settings; and
- refer to focus area standards to identify competence outcomes, demonstrate competence, and document learning in specific areas of practice.

RDNs should review the standards at determined intervals. Regular self-evaluation is important because it helps identify opportunities to improve and enhance practice and professional performance. RDNs pursue additional training and experience, regardless of practice setting, to maintain currency and to expand individual scope of practice.

RDNs use the standards as part of CDR's *Professional Development Portfolio* (PDP) process to develop goals and focus continuing education efforts.[39]* The PDP process encourages credentialed nutrition and dietetics practitioners to incorporate self-reflection and learning needs assessment for development of a learning plan for improvement and commitment to lifelong learning. CDR's PDP system incorporates the use of essential practice competencies for determining professional development needs, developing a learning plan for the 5-year recertification cycle, reporting completed continuing education, and application and outcome of self-reflection and learning.[40]

The standards serve as a self-evaluation tool, help guide change management, and support performance or quality improvement projects.[3] Organizations and practitioners may use them as a tool for career laddering*, and developing standards of care and services, competency assessment tools, policies and procedures, and advocacy.

RDNs in all areas of practice are expected to provide quality services that are measured and evaluated to assure safe, equitable, and quality outcomes. Quality services are a foundation of the Code of Ethics and the Scope and Standards of Practice for RDNs, and for NDTRs. Importantly, consumers, third party payers, and regulatory agencies also expect quality, evidence-based nutrition care and services, and have access to data that report quality measures by facility and compare facilities' services to one another. Quality food and nutrition services that demonstrate measurable outcomes and are incorporated into health care standards of care and provider practice settings also elevate the unique contribution of RDNs.[175]

The standards are written in broad terms to allow for an individual practitioner's handling of non-routine situations. The standards are geared toward typical situations for practitioners with the RDN credential. Strictly adhering to standards does not, in and of itself, constitute the best care and service. It is the responsibility of individual practitioners to recognize and interpret situations and to know what standards apply and in what ways they apply.

SUMMARY

RDNs face complex professional situations every day. Competently addressing the unique needs of each situation and applying standards appropriately is essential to providing high quality care and service. All RDNs are advised to conduct their practice based on the most recent edition of the Code of Ethics and the Revised 2024 Scope and Standards of Practice for the RDN, and any applicable focus area standards for RDNs. The Revised 2024 Scope and Standards of Practice for the RDN describes the CDR position on the qualifications; competence expectations; and essential, active, and productive roles and responsibilities for practitioners with the RDN credential. These resources provide minimum standards and tools for demonstrating competence and safe practice and are used collectively to gauge and guide an RDN's performance in nutrition and dietetics practice.

The CDR and Academy future initiatives will offer new and challenging opportunities that will expand the RDN's nutrition and dietetics practice. This Revised 2024 Scope and Standards of Practice for the RDN is a dynamic document; it will continue to be updated with future revisions reflecting changes in health care, public health, education, technology, sustainability, business, and other practice segments impacting RDN practice. It serves as the RDN's practice resource to support career development, advancement, and ethical and competent practice.

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- CDR Staff
- CDR and Academy Reviewer Groups:
  - Accreditation Council for Education in Nutrition and Dietetics
  - Behavioral Health Nutrition Dietetic Practice Group (DPG)
  - Cardiovascular Health and Well-Being DPG
  - CDR Advanced Practice Panel
  - CDR Competency Assurance Panel
  - CDR Specialist Certification Panel
  - Clinical Nutrition Management DPG
  - Consumer Protection and Licensure Sub-Committee
  - Council on Future Practice
  - Diabetes DPG
  - Dietitians in Health Care Communities DPG
  - Dietitians in Integrative and Functional Medicine DPG
  - Dietitians in Medical Nutrition Therapy DPG
  - Dietitians in Nutrition Support DPG
  - Ethics Committee
  - House of Delegates Leadership Team
  - Hunger and Environmental Nutrition DPG
  - Inclusion, Diversity, Equity and Access Committee
  - Legislative and Public Policy Committee
  - Management in Food and Nutrition Systems DPG
  - Nutrition and Dietetic Educators and Preceptors
  - Nutrition Care Process and Research Outcomes Committee
  - Nutrition Entrepreneurs DPG
  - Oncology Nutrition DPG
  - Pediatric Nutrition DPG
  - Public Health and Community Nutrition DPG
  - Renal Dietitians DPG
  - School Nutrition Services DPG
  - Sports and Human Performance Nutrition DPG
  - Weight Management DPG

Figure 1. Standards of Practice**.**

Note: Terms such as patient, client, individual, and population are interchangeable in this resource depending on the indicator wording. The term could also mean patient, client, individual, family, caregiver, participant, consumer, customer, or any individual, group, or organization to which an RDN provides care or service.

STANDARD 1. DEMONSTRATING ETHICS AND COMPETENCE IN PRACTICE

Standard

The registered dietitian nutritionist (RDN) demonstrates competence, accountability, and responsibility for ensuring safe, ethical, and quality person-centered care and services through regular self-evaluation, and timely continuing professional education to maintain and enhance knowledge, skills, and experiences.

Standard Rationale

Professionalism in nutrition and dietetics practice is demonstrated through:

- evidence-based practice,
- continuous acquisition of knowledge, skills, experience, judgment, demonstrated competence, and
- adherence to established ethics and professional standards.

Each RDN:

1.1 Adheres to code of ethics	
1.1.1	Adheres to the code(s) of ethics (eg, Academy and CDR, other national organizations, and/or employer code of ethics)
1.1.2	Assumes accountability and demonstrates responsibility for actions and behaviors regarding scope of practice, supervision, referrals, collaboration, and self-disclosure (including any actual or potential conflicts of interest or fiscal relationships); identifies, acknowledges, and corrects errors
1.1.3	Demonstrates ethical and responsible practices that consider human, environmental, social, and economic resources as applicable to role and setting
1.1.4	Discloses actual or potential conflicts of interest, and any financial relationships regarding the promotion, sale, or recommendation of products (eg, dietary supplements, books, foods) to customer or organization
1.2 Ensures competence in practice	
1.2.1	Demonstrates and documents competence in practice and delivery of customer-centered services
1.2.2	Exhibits professionalism and strives for improvement in practice (eg, manages change effectively; demonstrates listening and conflict resolution skills, and ability to collaborate)
1.2.3	Integrates standards into practice (eg, Scope and Standards of Practice for RDNs, focus area standards, and other professional standards as appropriate); uses focus area standards applicable to populations served and practice setting (www.cdrnet.org/scope)
1.2.4	Recognizes advantages and accounts for disadvantages of technology related to privacy, confidentiality, effectiveness, and safety for clients and organization
1.2.5	Engages in evidence-based practice; recognizes strengths and limitations of current information/research/evidence when making recommendations, seeks assistance if needed
1.3 Adheres to laws and regulations	
1.3.1	Performs within individual and statutory scope of practice and complies with applicable federal, state, and local laws and regulations and organization/program policies applicable to practice setting and for diverse and specific populations, including those with intellectual and developmental disabilities or with mental health and substance use disorders
1.3.2	Complies with Health Insurance Portability and Accountability Act (HIPAA) and organization's policies and standards regarding sharing of protected health information and personally identifiable information

1.4 Completes self-evaluation to identify needs for continuing education	
1.4.1	Conducts self-evaluation at regular intervals and compares individual performance to self-directed goals and for consistency with evidence-based guidelines, best practices, and research for care of population and/or for services delivered
1.4.2	Evaluates current level of practice to identify areas for professional development: • Uses self-assessment tools to evaluate knowledge, skills, and practice consistent with best practices and research findings according to level of practice (eg, CDR Scope of Practice Decision Algorithm) • Seeks formal/informal feedback from colleagues, members of the interprofessional team, and supervisors • Explores new or increased responsibilities for advancing practice
1.5 Pursues continuing education	
1.5.1	Designs and implements a plan for professional development; documents activities in career portfolio (eg, department and/or personnel records; credentialing agency[ies] reporting tool)
1.5.2	Pursues opportunities to advance practice (eg, education, training, credentials, certifications) in accordance with laws and regulations, and requirements and needs of the profession, the practice setting and personal interests

STANDARD 2. STRIVING FOR HEALTH EQUITY

Standard

The registered dietitian nutritionist (RDN) approach to practice reflects the value the profession places on health equity in all forms of interaction when delivering care and/or services to colleagues, customers, students/interns, and when interacting with stakeholders.

Standard Rationale

Health equity is at the core of nutrition and dietetics practice where:

- all individuals have the same opportunity and access to healthy food and nutrition;
- RDNs advocate for a world where all people thrive through the transformative power of food and nutrition; and
- RDNs work to accelerate improvements in health and well-being through food and nutrition.

Each RDN:

2.1 Addresses social determinants of health, nutrition security, food insecurity, and malnutrition	
2.1.1	Evaluates food security, defined as factors affecting applicable population and access to a sufficient quantity of safe, healthful food and water, as well as food/nutrition-related supplies
2.1.2	Identifies and selects criteria and participates in development of tools and processes that capture the needs of diverse populations, accurately measures health outcomes, and recognize and minimize bias, inequity and health disparities associated with social determinants of health
2.1.3	Investigates and uses knowledge of the individual's/target population's cultural beliefs and practices, health conditions and/or business objectives to guide design and delivery of individual-/population-centered care and services that support health equity
2.1.4	Collaborates with the target population and stakeholders to set priorities, establish goals, and create person-centered action plans to achieve desirable outcomes; involves customers in decision making
2.1.5	Adapts practice to address or eliminate health disparities associated with the social determinants of health and all types of differences
2.1.6	Acknowledges the individual as a key resource for learning about client-specific social determinates of health and involves the individual/client/caregiver in decision making and goal development
2.1.7	Involves diverse voices and experts in the process of creating culturally competent care or services-not just involving diverse clients, but hiring/consulting with diverse experts
2.1.8	Analyzes the influences that social determinants of health, including culture, health literacy, and socioeconomic status have on individual health/illness experiences and access to health care services and associated resources
2.2 Promotes sustainability practices (eg, food systems, food/ingredient/supply choices)	
2.2.1	Considers sustainability of food, water, packaging, utility usage, and waste management applicable to role and responsibilities, volunteer activities, and collaboration with customers and community members
2.2.2	Coordinates and critically examines access to and infrastructure for food and water (eg, responding to disasters and public health emergencies; assisting populations as they adjust for environmental changes; transitioning relocating populations); seeks assistance if needed
2.2.3	Collaborates with interprofessional and community partners to create and improve access to healthy food systems
2.2.4	Recognizes potential environmental health issues in foods, food packaging, supply chain and preparation methods
2.3 Maintains awareness of public health and community nutrition/population health	
2.3.1	Collaborates with stakeholders in the development, adaptation, and sustainability of culturally appropriate community programs and services

2.3.2	Investigates and facilitates access to healthy food/water and food assistance programs for underserved populations including underserved groups
2.4 Recognizes global food and nutrition	
2.4.1	Accurately translates nutrition information in a culturally competent, sensitive, and appropriate manner
2.4.2	Examines the global supply chain, food supply and sustainability in order to identify target population needs and barriers
2.4.3	Evaluates the impact of globalization on food and nutrition of individuals/target population (eg, supply chain, food security, financial impact, dietary patterns, and transitions)

STANDARD 3. ILLUSTRATING QUALITY IN PRACTICE

Standard
The registered dietitian nutritionist (RDN) provides quality services effectively and efficiently using systematic processes with identified ethics, leadership, accountability, and dedicated resources.

Standard Rationale
Delivery of quality nutrition and dietetics care and/or services reflects:

- application of knowledge, skills, experience, and judgement;
- demonstration of evidence-based practice, adherence to established professional standards, and competence in practice; and
- systematic measurement of outcomes, regular performance evaluations, and continuous improvement to illustrate quality practice.

Each RDN:

3.1 Incorporates quality assurance and performance improvement (QAPI) processes	
3.1.1	Participates in quality assurance and performance improvement and documents outcomes and best practices relative to quality of services and resource management
3.1.2	Uses national quality and safety data to improve quality of services provided and to enhance customer-centered services
3.1.3	Uses a systematic performance improvement model that is based on practice, knowledge, evidence, research, and science for delivery of the highest quality services
3.1.4	Reports and documents action plan to address identified gaps in care and/or service performance
3.1.5	Communicates performance improvement results through methods applicable to role and setting (eg, reports, publications, presentations)
3.2 Identifies and uses tools for determining/conducting quality improvement (QI)	
3.2.1	Measures and tracks trends and data regarding internal and external outcomes (eg, customer or employee satisfaction, key performance indicators), and population served (eg, demographics, acuity, clinical risk factors, morbidity, and mortality); communicates results and recommendations for change
3.2.2	Compares actual execution of program and services to performance goals (ie, Gap Analysis, SWOT Analysis [strengths, weaknesses, opportunities, and threats], PDSA Cycle [plan, do, study, act], DMAIC [define, measure, analyze, improve, control])
3.2.3	Designs and integrates performance improvement projects to measure and improve care and service processes (https://www.cdrnet.org/excellence)
3.3 Identifies measures and outcomes	
3.3.1	Participates in or designs an outcomes-based management system (eg, ANDHII; https://www.andhii.org/) to evaluate safety, effectiveness, quality, person-centeredness, equity, timeliness, efficiency of practice, and use of resources; involves others as applicable and uses indicators that are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)
3.3.2	Incorporates electronic clinical quality measures to evaluate and improve care of patients/clients at risk for malnutrition or with malnutrition (https://www.cdrnet.org/malnutrition)
3.3.3	Participates in, coordinates, or leads program participation in local, regional, or national registries and data warehouses used for tracking, benchmarking, and reporting service outcome (eg, Patient-Reported Outcomes Measurement Information System [PROMIS])
3.3.4	Improves or enhances patient/individual/client/population care and/or services using resources (eg, education materials, training tools, staff time) effectively in the provision of nutrition services to achieve desired outcomes

3.4 Monitors and addresses customer safety	
3.4.1	Identifies and addresses potential and actual errors and hazards in provision of services or escalates to supervisors and team members as appropriate
3.4.2	Keeps up-to-date on current findings regarding dietary supplements (eg, Natural Medicine Database [https://naturalmedicines.therapeuticresearch.com], MedWatch, Nutrition.gov: Dietary Supplements), food safety, food recalls and shortages, including medical food shortages (eg, nutrition supplements; tube feeding, parenteral nutrition, and infant formulas and supplies), and food supplies

STANDARD 4. DEMONSTRATING LEADERSHIP, INTERPROFESSIONAL COLLABORATION, AND MANAGEMENT OF PROGRAMS, SERVICES AND RESOURCES

Standard

The registered dietitian nutritionist (RDN) provides safe, quality service based on customer expectations and needs; the mission, vision, principles, and values of the organization/business; and integration of interprofessional collaboration.

Standard Rationale

Quality programs and services are designed, executed, and promoted reflecting:

- RDN's knowledge, skills, experience, and judgement;
- knowledge of organization/practice setting operations, culture, and the needs and wants of its customers; and
- competence in addressing the current and future needs and expectations of the organization/business and its customers.

Each RDN:

4.1 Engages in collaborative ready practice	
4.1.1	Establishes credibility and contributes as a food and nutrition resource within the interprofessional team (ie, health care, management, professional), organization and with other stakeholders, maintaining a climate of mutual respect, dignity, ethical integrity, and trust
4.1.2	Works within the interprofessional team for education/skills development and to demonstrate role of RDN and nutrition and dietetics team (eg, nutrition and dietetics technician, registered [NDTR])
4.1.3	Communicates with the interprofessional team and referring party consistent with the Health Insurance Portability and Accountability Act (HIPAA) and complies with the organization's policies and standards regarding sharing of protected health information and personally identifiable information
4.2 Facilitates referrals	
4.2.1	Contributes to or seeks opportunities to build relationships and networks to facilitate collaboration, and promotes referral systems to: • Credentialed nutrition and dietetics practitioners • Other health-related services (eg, dental) • Social, community and health-related services or resources (eg, housing, food resources, community action agencies)
4.2.2	Collaborates with interprofessional team to facilitate referrals when individual need(s) is outside the RDN's scope of practice
4.2.3	Verifies potential referral practitioner's services reflect evidence-based information/research and professional standards of practice
4.2.4	Monitors effectiveness of referrals and referral systems and modifies as needed to achieve desirable outcomes
4.3 Manages programs and services	
4.3.1	Contributes to or leads development and maintenance of programs/services that address the needs, expectations, and desired outcomes of the target population that align with the mission, vision, principles, values and service expectations and outputs of the organization
4.3.2	Makes decisions and recommendations that reflect stewardship of time, talent, finances, and environment
4.3.3	Uses and develops policies, procedures, protocols, emergency plans, and standards of care, in a collaborative, HIPAA-compliant, cost-effective, and person-centered manner, while evaluating safety, effectiveness, sustainability, and value of customer programs and services

4.3.4	Uses and participates in or leads in the selection, design, execution, and evaluation of customer programs and services (in person or via telehealth)
4.3.5	Uses and participates in or leads development/maintenance of processes for clinical privileges, physician-/non-physician practitioner-driven orders, protocols, or other facility processes for order writing, collaborating with interprofessional team members where applicable, that are consistent with state practice acts, federal and state regulations, organization policies, and, in hospitals, medical staff rules, regulations and bylaws. With privileges or physician-delegated orders, RDN orders or recommends (but not limited to): • Regular, food texture modifications, and therapeutic diets • Nutrition support therapies (enteral or parenteral nutrition) • Nutrition-related pharmacotherapies, medical food/nutrition/dietary supplements, integrative and functional medicine products • Nutrition-related services (eg, bedside swallow screening, inserting, and monitoring nasoenteric feeding tubes, indirect calorimetry measurements, radiology to interpret lean body mass or feeding tube/catheter placement, laboratory tests, intravenous fluid infusions, and performing and educating on home enteral nutrition or infusion management services)
4.3.6	Advocates with the medical staff/director for inclusion of advanced practice activities in the list of privileges, or in protocol or policies that may be granted to an RDN with demonstrated and documented competence, consistent with state practice acts, and federal and state regulations
4.3.7	Complies with established billing regulations, organization policies, grant funder guidelines, if applicable to role and setting, and adheres to ethical and transparent financial management and billing practices
4.3.8	Maintains records of services provided, documenting according to organization policies, procedures, standards, and systems including electronic health records
4.3.9	Uses and participates in the development and/or revision of electronic health records and/or other data management tools, as appropriate
4.3.10	Implements data management systems to support interoperable data collection, maintenance, utilization
4.3.11	Uses data to document outcomes of services and provide justification for maintenance or expansion of service(s), and/or demonstrate program/service achievements and compliance with accreditation standards, laws, and regulations
4.4 Contributes to, manages, and/or designs food/nutrition delivery systems	
4.4.1	Collaborates in, manages, or leads the design and/or implementation of food delivery systems to address health care needs and outcomes (including nutrition status), ecological sustainability, and to meet the culture and related needs and preferences of target populations as applicable to role and setting
4.4.2	Collaborates in or leads development of menus across the lifespan to address health, nutritional, cultural and religious needs of target population consistent with federal, state or funding source regulations or guidelines
4.4.3	Participates in, or leads interprofessional process for determining food and nutrition systems (eg, medical foods/nutritional supplements, dietary supplements, enteral and parenteral nutrition formularies, and delivery systems) for target population(s)
4.4.4	Ensures safety of customers and employees in relation to worksite and food safety, food delivery, and services during scheduled (construction/renovation) and emergency events (utility outages, crisis, natural disasters, pandemics)
4.5 Precepts, supervises, and engages in career laddering	
4.5.1	Participates in peer review of others as applicable to role(s) and responsibilities

4.5.2	Fosters, contributes to, or creates an interprofessional education (IPE) learning environment in all education and work settings
4.5.3	Mentors and/or precepts nutrition and dietetics students/interns, and others
4.5.4	Assigns activities to NDTR and other professional, technical, and support personnel consistent with their qualifications, experience, and competence and in accordance with appliable laws, regulations and organization policies and procedures
4.5.5	Ensures competence and provides clinical supervision of professional, technical and support personnel
4.6 Contributes to a healthy work environment (eg, safety, incident reporting, anti-bullying, personal protective equipment)	
4.6.1	Contributes to a work site culture where all team members and clients are treated fairly, without stigma or bias, held equally accountable, regardless of age, size, medical condition(s), ethnicity, race, culture, religion, sexual orientation, and/or gender identity (eg, Pledge of Professional Civility)
4.6.2	Ensures all team members understand the safety requirements of their role and setting and are provided with appropriate training and protective equipment to perform role and tasks
4.6.3	Creates an environment of transparency and respect that encourages incident and close call reporting that leads to improved workplace and customer safety
4.6.4	Demonstrates professional behaviors and supports clear rules of conduct that presents staff and work unit as professional, collaborative, and effective

STANDARD 5. APPLYING RESEARCH AND GUIDELINES

Standard

The registered dietitian nutritionist (RDN) applies, participates in, and/or generates research to enhance practice. Evidence-based practice incorporates the best available research/evidence and information in the delivery of nutrition and dietetics services.

Standard Rationale

Application, participation, and generation of research promotes:

- maintenance and enhanced familiarity with the peer-reviewed literature applicable to nutrition and dietetics and for specific populations and area(s) of practice to support evidence-based practice; and
- improved safety and quality of nutrition and dietetics practice and services.

Each RDN:

5.1 Engages in scholarly inquiry (ie, identifies and uses evidence-based publications and practice guidelines applicable to practice area; and contributes to process of research)	
5.1.1	Understands basic research design and methodology and application of research findings
5.1.2	Evaluates strength of original research and evidence-based guidelines, including limitations, potential bias, reliability, and potential practice applications
5.1.3	Contributes to the development of new knowledge and research in nutrition and dietetics
5.2 Applies critical thinking and judgement for evidence-based practice	
5.2.1	Maintains awareness of peer-reviewed publications, evidence-based guidelines, clinical consensus standards, and nutrition-related practice guidelines
5.2.2	Integrates most up to date research evidence and information with best practices, clinical managerial, and/or other practice-specific expertise, and customer values as the foundation for evidence-based practice
5.2.3	Participates in activities to apply research to practice (eg, journal clubs, professional discussion groups, practice-based research networks, collection of client baseline/outcomes data, professional listserv participation)
5.2.4	Promotes application of research in practice through alliances or collaboration with food and nutrition and other professionals and organizations

STANDARD 6. PROVIDING EFFECTIVE COMMUNICATIONS AND ADVOCACY

Standard

The registered dietitian nutritionist (RDN) effectively applies knowledge and expertise in communications with customers and the public, and in public policy advocacy efforts.

Standard Rationale

The RDN works with others to achieve common goals by effectively sharing and applying unique knowledge, skills, and expertise in food, nutrition, dietetics, and management services; and in contributing to public policy efforts by advocating for nutrition and dietetics programs and services. The RDN works with others to:

- achieve common goals by effectively sharing and applying knowledge, skills, and expertise in food, nutrition, dietetics, and management services; and
- contribute to public policy efforts by advocating for nutrition and dietetics programs and services that benefit patients/clients, and individuals, customers, and the public.

Each RDN:

6.1 Engages in information dissemination through conversations, presentations, publications, media, social media with various audiences	
6.1.1	Demonstrates critical thinking and problem-solving skills when applying and communicating current, evidence-based knowledge and information with others
6.1.2	Considers social determinants of health when linking messages and modes of communication to the needs of a target population
6.1.3	Selects appropriate information and the most effective communication method or format (eg, oral, print, one-on-one, group, visual, electronic, social media) that considers person-centered care and services and the needs of the individual/group/population or target audience
6.1.4	Shares current, evidence-based knowledge, and information considering culture, literacy, and communication styles in dialogue, and written communications for target audience (eg, customers, program staff/leaders, community stakeholders)
6.1.5	Guides individuals, families, students, and interns in the application of knowledge and skills, considering the current knowledge and viewpoints of the audience
6.1.6	Connects patients/individuals/clients/family/caregivers and support networks with programs/services and resources within their ethnic/cultural community to positively influence health-related decision making and outcomes
6.2 Participates in advocacy and public policy engagement and outreach	
6.2.1	Seeks opportunities to participate in and assume leadership roles with local, state, and national professional and community-based organizations providing food and nutrition expertise
6.2.2	Provides transparency and indicates the interest being represented (eg, organization, individual) when participating in advocacy activities; verifies organization policies (eg, approval if applicable) regarding advocacy activities prior to participation
6.2.3	Advocates for provision of quality food and nutrition services as part of public policy
6.2.4	Communicates with policy makers regarding the benefit/cost of quality food and nutrition services
6.2.5	Advocates in support of food and nutrition programs and services for populations with special needs and chronic conditions
6.2.6	Advocates for protection of the public, and advancement of the profession through multiple avenues of engagement (eg, legislative action, establishing effective relationships with elected leaders and regulatory officials, participation in various Academy or CDR committees, workgroups and task forces, Dietetic Practice Groups, Member Interest Groups, and State Affiliates)

STANDARD 7. PROVIDING PERSON-/POPULATION-CENTERED NUTRITION CARE

Standard

The registered dietitian nutritionist (RDN) conducts nutrition care process and workflow elements to identify and address nutrition-related problems which a RDN is responsible for treating, incorporating the following elements:

- reviews or obtains nutrition screening data to identify malnutrition or risk of malnutrition;
- obtains and evaluates medical, nutrition, and food-related information for relevance and accuracy;
- identifies and labels nutrition problem(s)/diagnosis(es);
- develops plan and implements culturally appropriate person-/population-centered nutrition interventions;
- monitors and evaluates person-/intervention-specific indicators and outcomes data to determine whether planned interventions should be continued or revised; and
- documents and communicates results with interprofessional team and patients/clients/caregivers.

Standards Rationale

Quality nutrition and dietetics patient/client/population care reflects the Nutrition Care Process and workflow elements:

- Nutrition screening -- the preliminary step to identifying individuals who require a nutrition assessment performed by an RDN
- Nutrition assessment -- a systematic process of obtaining and interpreting data in order to make decisions about the nature and cause of nutrition-related problems and provides the foundation for identifying a nutrition diagnosis; an ongoing, dynamic process that involves conferring with patient/client and others, initial data collection, and analysis of patient/client or population needs
- Nutrition diagnosis -- the basis for determining goals and interventions
- Nutrition intervention/plan of care -- consists of two interrelated components- planning with patient/client/caregivers, interprofessional team, and others; and implementation
- Nutrition monitoring and evaluation -- provides an outcomes management system to assure quality care and determining when reassessment and revision of interventions/plan of care is required
- Discharge planning and transitions of care – process with patient/client/caregiver and interprofessional team for facilitating transfer of nutrition care plan and nutrition-related data between care settings

Each RDN:

7.1 Reviews or completes nutrition screening	
7.1.1	Ensures that screening for nutrition risk is a component of admission process or nutrition assessment
7.1.2	Reviews admission nutrition screening data or screens for nutrition risk (eg, malnutrition, nutrient deficits, food security) using evidence-based screening tools for the setting and/or population (adult or pediatric)
7.2 Conducts nutrition assessment	
7.2.1	Collects data and reviews data collected by the NDTR, other health care practitioner(s), patient/client/caregiver, or staff for factors that affect nutrition and health status.
7.2.2	Assesses current or past information related to personal, medical, family, and psychosocial/social history
7.2.3	Assesses anthropometric indicators, compares to reference data and individual patterns and history
7.2.4	Assesses laboratory profiles, and medical tests and procedures
7.2.5	Obtains and assesses findings from nutrition-focused physical exam (NFPE)

7.2.6	Evaluates: • Food and nutrient intake, meal and snack patterns, and appropriateness related to food allergies and intolerances; food and beverage modifications related to a swallowing disorder or completes swallow screening when indicated • Food and nutrient administration, eating environment, and enteral and parenteral nutrition administration • Medication and dietary supplement use, including prescription and over-the-counter medications and integrative and functional medicine products and practices • Knowledge, beliefs and attitudes (eg, understanding of nutrition-related concepts, readiness to change, body image) • Physical activity habits and restrictions, cognitive and physical ability to engage in developmentally appropriate nutrition-related tasks • Other factors affecting intake and nutrition and health status (eg, food security, social determinants of health, cultural, ethnic, religious, lifestyle influences)
7.2.7	Identifies and uses most appropriate reference data and standards to estimate nutrient needs and appropriate body weight, body mass index, and desired growth patterns based on practice setting and patient-/client-specific factors (eg, age, culture, disease state)
7.2.8	Documents and communicates applicable information per organization policy and/or regulations specific to patient population, role, and setting, such as: • Date and time of assessment • Pertinent data (eg, medical, social, behavioral, food and nutrition) • Comparison to appropriate standards • Patient/client/caregiver/population (or changes in) perceptions, level of understanding, values, and motivation, and reported food-related behaviors • Reason for discharge/discontinuation or referral, if appropriate
7.3 Identifies nutrition diagnosis	
7.3.1	Uses collected data to identify possible problem areas for determining nutrition diagnoses
7.3.2	Diagnoses nutrition problems based on evaluation of assessment data and identifies supporting concepts (ie, etiology, signs, and symptoms) and documents the nutrition diagnosis(es) using standardized terminology and clear, concise written statement(s) (www.nutritioncareprocess.org)
7.3.3	Prioritizes the nutrition problem(s)/diagnosis(es) based on severity, safety, patient/client needs and preferences, ethical considerations, likelihood that nutrition intervention/plan of care will influence the problem, discharge/transitions of care needs, and patient/client/advocate perception of importance
7.3.4	Uses person-first language to clearly communicate the nutrition diagnosis(es) to patients/clients/advocates, community, family members or other health care professionals when possible and appropriate
7.3.5	Re-evaluates and revises nutrition diagnosis(es) when additional assessment data become available
7.4 Develops nutrition intervention/plan of care	
7.4.1	Addresses the nutrition diagnosis(es) by determining and prioritizing appropriate interventions for the plan of care, based on best available evidence and best practices
7.4.2	Collaborates with patient/client/advocate/population, caregivers, interprofessional team, and other health care professionals
7.4.3	Works with patient/client/population to identify goals, preferences, discharge/transitions of care needs, plan of care and expected outcomes
7.4.4	Develops the nutrition prescription and establishes measurable patient-/client-/population-focused goals to be accomplished; defines time and frequency of care; uses standardized terminology for describing interventions; and identifies resources and referrals needed

7.4.5	Communicates, coordinates, and initiates the nutrition intervention/plan of care
7.4.6	Orders, recommends, implements, and/or modifies orders for diet and nutrition-related services consistent with applicable specialized training, competence, approved clinical privileges, physician/non-physician practitioner-driven orders, protocols, or other facility-specific processes such as, but not limited to: • Therapeutic diets, food texture modifications, medical foods/nutrition supplements • Nutrition-related pharmacotherapy management, dietary supplements • Enteral or parenteral nutrition, supplemental water, intravenous fluid infusions • Performing bedside swallow screenings, inserting or monitoring positioning of nasoenteric feeding tubes, indirect calorimetry measurements, or other permitted services
7.4.7	Incorporates stages of behavior change as a guide to assess the patient's/client's/ caregiver's readiness to learn and adjusts counseling style accordingly; uses appropriate therapeutic and behavior change theories (eg, motivational interviewing, behavior modification, modeling) and tools that are appropriate to the patient's/client's/caregiver's educational needs, developmental stage, learning style, and method of communication
7.4.8	Continues data collection and documents: • Date and time • Specific and measurable treatment goals and expected outcomes • Recommended interventions • Patient/client/population receptiveness • Patient/client/population comprehension • Barriers to change • Other relevant information to providing care and monitoring progress • Referrals made and resources used • Plans for follow-up and frequency of care • Rationale for discharge or referral, if applicable
7.5 Implements nutrition monitoring and evaluation	
7.5.1	Assesses patient/client understanding and follow through with nutrition intervention/plan of care; determines if nutrition intervention/plan of care is being implemented as prescribed
7.5.2	Selects standardized nutrition care measurable outcome indicator(s); identifies positive or negative outcomes including impact on potential needs for discharge/transitions of care
7.5.3	Compares monitoring data with nutrition prescription and established goals or reference standard; evaluates impact of all interventions on overall patient/client health outcomes and goals, and progress or reasons for lack of progress
7.5.4	Addresses underlying factors interfering with meeting the nutrition intervention goals (eg, access to resources, lack of insurance, cost of medications and/or nutrition supplements, treatment adherence)
7.5.5	Improves or adjusts nutrition intervention/plan of care strategies, if needed, in collaboration with patient/client/caregiver and interprofessional team based upon outcomes data, patient's/client's/caregiver's wishes, trends, best practices and comparative standards
7.5.6	Documents and communicates: • Date and time of assessment • Indicators measured, results, and method for obtaining • Criteria to which the indicator is compared (eg, nutrition prescription/goal or a reference standard) • Factors facilitating or hampering progress • Other positive or negative outcomes • Adjustments to the nutrition intervention/plan of care, if indicated • Future plans for nutrition care, nutrition monitoring and evaluation, follow-up, referral, or discharge

7.6 Participates in coordination and transitions of care	
7.6.1	Ensures communication of nutrition plan of care and transfer of nutrition-related data between care settings as needed (eg, acute care, home health, ambulatory care, community, and/or long-term care facility)
7.6.2	Contributes to communications with the patient/client/caregiver, coordinates with social worker or case manager on nutritional aspects of the care plan for discharge planning, in collaboration with the interprofessional team
7.6.3	Contributes to collaboration with community providers (eg, dialysis center, wound center, home infusion program, home care provider, home delivered meals) on standards of care and procedures to reflect in organization/program treatment plans and nutrition care plans, if applicable
7.6.4	Develops discharge nutrition care and education plan, provides counseling/education, and provides education materials to improve the care of patients/clients as they transition from clinical setting to home or another clinical setting

Interprofessional: The term interprofessional is used in this evaluation resource as a universal term. It includes a diverse group of team members that work collaboratively, depending on the setting and needs of the individual/patient/client.

Advocate: An advocate is a person who provides support and/or represents the rights and interests at the request of the patient/client. The person may be a family member or an individual not related to the patient/client who is asked to support the patient/client with activities of daily living or is legally designated to act on behalf of the patient/client, particularly when the patient/client has lost decision-making capacity.[66,176]

REFERENCES

1. Commission on Dietetic Registration (CDR). Accessed October 3, 2023. https://www.cdrnet.org/
2. Revised 2024 Scope and Standards of Practice for the Nutrition and Dietetics Technician, Registered. Commission on Dietetic Registration Scope and Standards of Practice Task Force. Accessed September 21, 2023. www.cdrnet.org/scope
3. Definition of Terms List. Commission on Dietetic Registration. Accessed April 13, 2023. https://www.cdrnet.org/definitions
4. Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition Care Process and Model Update: Toward Realizing People-Centered Care and Outcomes Management. *J Acad Nutr Diet*. 2017;117(12):2003-2014. doi:10.1016/j.jand.2017.07.015
5. Nutrition Care Process and Terminology. Commission on Dietetic Registration. Accessed October 3, 2023. https://www.cdrnet.org/nutrition-care-process-and-terminology
6. Swan WI, Pertel DG, Hotson B, et al. Nutrition Care Process (NCP) Update Part 2: Developing and Using the NCP Terminology to Demonstrate Efficacy of Nutrition Care and Related Outcomes. *J Acad Nutr Diet*. 2019;119(5):840-855. doi:10.1016/j.jand.2018.10.025
7. Scope of Practice Decision Algorithm. Commission on Dietetic Registration. Accessed May 2, 2023. https://www.cdrnet.org/scope
8. Peregrin T. The Ethics of Competence, a Self-Assessment is Key. *J Acad Nutr Diet*. 2022;122(5):1049-1052. doi:10.1016/j.jand.2022.03.001
9. Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist. *J Acad Nutr Diet*. 2018;118(1):141-165. doi:10.1016/j.jand.2017.10.002
10. The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists. *J Acad Nutr Diet*. 2018;118(1):132-140.E15.
11. Telehealth. Commission on Dietetic Registration. Accessed May 3, 2023. https://www.cdrnet.org/telehealth
12. The White House's Conference on Hunger, Nutrition, and Health. US Department of Health and Human Services. Accessed May 2, 2023. https://health.gov/our-work/nutrition-physical-activity/white-house-conference-hunger-nutrition-and-health
13. Dietary Guidelines for Americans. Accessed May 2, 2023. https://www.dietaryguidelines.gov/
14. Inclusion, Diversity, Equity and Access. Academy of Nutrition and Dietetics. Accessed May 2, 2023. https://www.eatrightpro.org/idea/inclusion-diversity-equity-and-access
15. Commission on Dietetic Registration Strategic Plan. Accessed May 4, 2023. https://admin.cdrnet.org/vault/2459/web/CDR_Strategic_Plan_2022_Approved_5_18_22_5_.pdf
16. American Diabetes Association Professional Practice Committee. 7. Diabetes Technology: Standards of Care in Diabetes—2024. *Diabetes Care*. 2024;47(Suppl.1):S126-S144. doi:10.2337/DC24-S007
17. Malnutrition Quality Improvement Initiative. Commission on Dietetic Registration. Accessed May 4, 2023. https://www.cdrnet.org/malnutrition
18. Valladares AF, McCauley SM, Khan M, D'Andrea C, Kilgore K, Mitchell K. Development and Evaluation of a Global Malnutrition Composite Score. *J Acad Nutr Diet*. 2022;122(2):251-258. doi:10.1016/j.jand.2021.02.002

19. Global Malnutrition Composite Score. Commission on Dietetic Registration. Accessed May 4, 2023. https://www.cdrnet.org/GMCS

20. Bechtold ML, Nepple KG, McCauley SM, Badaracco C, Malone A. Interprofessional Implementation of the Global Malnutrition Composite Score Quality Measure. *Nutrition in Clinical Practice*. 2023;38(5):987-997. doi:10.1002/NCP.11033

21. Ojeda T, Ashafa M, Pertel D, McCauley S, Coltman A. The Updated Global Malnutrition Composite Score Clinical Quality Measure: Its Relevance to Improving Inpatient Clinical Outcomes and Health Equity. *J Acad Nutr Diet*. 2023;(in press). doi:10.1016/J.JAND.2023.11.007

22. Peregrin T. Navigating the Continuum of Ethical Billing. *J Acad Nutr Diet*. 2021;121(11):2310-2313. doi:10.1016/j.jand.2021.08.103

23. Quality Management. Commission on Dietetic Registration. Accessed April 13, 2023. https://www.cdrnet.org/Quality

24. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2023 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Costs Incurred for Qualified and Non-qualified Deferred. Accessed September 12, 2023. https://public-inspection.federalregister.gov/2022-16472.pdf.

25. Institute of Medicine (US) Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. National Academies Press (US); 2001. Accessed May 2, 2023. https://pubmed.ncbi.nlm.nih.gov/25057539/

26. 2018 Code of Ethics for the Nutrition and Dietetics Profession. Academy of Nutrition and Dietetics/Commission on Dietetic Registration. Accessed May 2, 2023. https://www.cdrnet.org/codeofethics

27. Institute for Credentialing Excellence. Accessed May 2, 2023. https://www.credentialingexcellence.org/.

28. 2024 Graduate Degree Requirement- Registration Eligibility. Commission on Dietetic Registration. Accessed May 4, 2023. https://www.cdrnet.org/graduatedegree

29. RD Examination- Eligibility Requirements. Commission on Dietetic Registration. Accessed May 4, 2023. https://www.cdrnet.org/RDN

30. International Student. Accreditation Council for Education in Nutrition and Dietetics. Accessed May 4, 2023. https://www.eatrightpro.org/acend/students-and-advancing-education/international-students

31. Nelkin M, Fornari A. Approaches to Ethical Decision-Making: Ethics in Practice 2023 Update. *J Acad Nutr Diet*. 2023;123(5):824-830. doi:10.1016/j.jand.2023.03.002

32. Peregrin T. Clearing Up Copyright Confusion and Social Media Use: What Nutrition and Dietetics Practitioners Need to Know. *J Acad Nutr Diet*. 2017;117(4):623-625. doi:10.1016/j.jand.2017.01.015

33. Klemm S. Guidance for Professional Use of Social Media in Nutrition and Dietetics Practice. *J Acad Nutr Diet*. 2022;122(2):403-409. doi:10.1016/j.jand.2021.11.007

34. Peregrin T. Social Determinants of Health: Enhancing Health Equity. *J Acad Nutr Diet*. 2021;121(6):1175-1178. doi:10.1016/j.jand.2021.02.030

35. Klemm S. Health Equity and Dietetics-Related Inequalities. *J Acad Nutr Diet*. 2022;122(8):1558-1562. doi:10.1016/j.jand.2022.05.015

36. Peregrin T. The Academy of Nutrition and Dietetics and Commission on Dietetic Registration Disciplinary and Ethics Complaints Process. *J Acad Nutr Diet*. 2018;118(9):1768-1775. doi:10.1016/j.jand.2018.05.027

37. Peregrin T. Before You File an Ethics Complaint: What You Need to Know. *J Acad Nutr Diet*. 2021;121(7):1350-1353. doi:10.1016/j.jand.2021.05.012

38. Competencies. In Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health. 7th ed. Saunders; 2003.

39. Professional Development Portfolio Guide. Commission on Dietetic Registration. Accessed May 3, 2023. https://www.cdrnet.org/PDPGuide

40. Essential Practice Competencies. Commission on Dietetic Registration. Accessed May 3, 2023. https://admin.cdrnet.org/vault/2459/web/New_CDR_Competencies_2021.pdf

41. Worsfold L, Grant BL, Barnhill GC, Quinn S. The Essential Practice Competencies for the Commission on Dietetic Registration's Credentialed Nutrition and Dietetics Practitioners. *J Acad Nutr Diet*. 2015;115(6):978-984. doi:10.1016/j.jand.2015.03.027

42. *US Code Title 42 Chapter IV Subchapter B. § 410 Subpart G- Medical Nutrition Therapy. US Department of Health and Human Services, Centers for Medicare and Medicaid Services*. Accessed May 3, 2023. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-G

43. Hand RK, Davis AM, Thompson KL, Knol LL, Thomas A, Proaño G V. Updates to the Definition of Evidence-Based (Dietetics) Practice: Providing Clarity for Practice. *J Acad Nutr Diet*. 2021;121(8):1565-1573.e4. doi:10.1016/j.jand.2020.05.014

44. Spiker M, Reinhardt S, Bruening M. Academy of Nutrition and Dietetics: Revised 2020 Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Sustainable, Resilient, and Healthy Food and Water Systems. *J Acad Nutr Diet*. 2020;120(9):1568-1585.e28. doi:10.1016/j.jand.2020.05.010

45. Advancing Equity: The Academy's Commitment to Supporting Inclusion, Diversity, Equity, and Access. *J Acad Nutr Diet*. 2022;122(1):159-165. doi:10.1016/j.jand.2021.11.004

46. Okoro CA, Hollis ND, Cyrus AC, Griffin-Blake S. Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults — United States, 2016. *MMWR Morb Mortal Wkly Rep*. 2018;67(32):882-887. doi:10.15585/mmwr.mm6732a3

47. Commission on Dietetic Registration. Strategic Plan. Accessed May 4, 2023. https://admin.cdrnet.org/vault/2459/web/CDR_Strategic_Plan_2022_Approved_5_18_22_5_.pdf

48. State Licensure. Commission on Dietetic Registration. Accessed May 3, 2023. https://www.cdrnet.org/LicensureMap

49. Common Credentials held by RDNs and NDTRs. Commission on Dietetic Registration. Accessed May 3, 2023. https://www.cdrnet.org/scope

50. Dower C, Christian S, O'Neil E. *Promising Scope of Practice Models for the Health Professions*. Center for the Health Professions - University of California; 2007. Accessed May 3, 2023. https://www.health.ny.gov/health_care/medicaid/redesign/docs/2007-12_promising_scope_of_practice_models.pdf

51. Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered. *J Acad Nutr Diet*. 2018;118(2):327-342. doi:10.1016/j.jand.2017.10.005

52. Board Certified Specialist. Commission on Dietetic Registration. Accessed May 4, 2023. https://www.cdrnet.org/board-certified-specialist

53. Advanced Practitioner Certification in Clinical Nutrition. Commission on Dietetic Registration. Accessed May 4, 2023. https://www.cdrnet.org/board-certification-in-advanced-practice

54. Fellow of the Academy of Nutrition and Dietetics. Accessed May 3, 2023. https://www.eatrightpro.org/leadership/honors-and-awards/other-academy-awards/fellow-of-the-academy-of-nutrition-and-dietetics

55. Certificate of Training in Obesity for Pediatrics and Adults. Commission on Dietetic Registration. Accessed May 4, 2023. https://www.cdrnet.org/obesity-pediatrics-adults

56. Certificate of Training Programs. Academy of Nutrition and Dietetics. Accessed May 4, 2023. https://www.eatrightpro.org/career/continuing-professional-education/online-certificates-of-training

57. CPE Offerings and Resources. Commission on Dietetic Registration. Accessed May 4, 2023. https://www.cdrnet.org/cpeu-offerings-and-resources

58. Swan WI, Pertel DG, Hotson B, et al. Nutrition Care Process (NCP) Update Part 2: Developing and Using the NCP Terminology to Demonstrate Efficacy of Nutrition Care and Related Outcomes. *J Acad Nutr Diet*. 2019;119(5):840-855. doi:10.1016/j.jand.2018.10.025

59. Thompson KL, Davidson P, Swan WI, et al. Nutrition Care Process Chains: The "Missing Link" Between Research and Evidence-Based Practice. *J Acad Nutr Diet*. 2015;115(9):1491-1498. doi:10.1016/j.jand.2015.04.014

60. Lewis SL, Wright L, Arikawa AY, Papoutsakis C. Etiology Intervention Link Predicts Resolution of Nutrition Diagnosis: A Nutrition Care Process Outcomes Study from a Veterans' Health Care Facility. *J Acad Nutr Diet*. 2021;121(9):1831-1840. doi:10.1016/j.jand.2020.04.015

61. Skipper A, Coltman A, Tomesko J, et al. Position of the Academy of Nutrition and Dietetics: Malnutrition (Undernutrition) Screening Tools for All Adults. *J Acad Nutr Diet*. 2020;120(4):709-713. doi:10.1016/j.jand.2019.09.011

62. Skipper A, Coltman A, Tomesko J, et al. Adult Malnutrition (Undernutrition) Screening: An Evidence Analysis Center Systematic Review. *J Acad Nutr Diet*. 2020;120(4):669-708. doi:10.1016/j.jand.2019.09.010

63. Becker PJ, Gunnell Bellini S, Wong Vega M, et al. Validity and Reliability of Pediatric Nutrition Screening Tools for Hospital, Outpatient, and Community Settings: A 2018 Evidence Analysis Center Systematic Review. *J Acad Nutr Diet*. 2020;120(2):288-318.e2. doi:10.1016/j.jand.2019.06.257

64. Lewis SL, Miranda LS, Kurtz J, Larison LM, Brewer WJ, Papoutsakis C. Nutrition Care Process Quality Evaluation and Standardization Tool: The Next Frontier in Quality Evaluation of Documentation. *J Acad Nutr Diet*. 2022;122(3):650-660. doi:10.1016/j.jand.2021.07.004

65. Kight CE, Bouche JM, Curry A, et al. Consensus Recommendations for Optimizing Electronic Health Records for Nutrition Care. *J Acad Nutr Diet*. 2020;120(7):1227-1237. doi:10.1016/j.jand.2019.07.018

66. State Operations Manual. Appendix A-Survey Protocol, Regulations, and Interpretative Guidelines for Hospitals. (Rev. 216, 07-21-23); §482.28 Food and Dietetic Services. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed September 19, 2023. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf

67. State Operations Manual. Appendix PP-Guidance to Surveyors for Long-Term Care Facilities (Rev. 211, 02-03-23); §483.30 Physician Services, §483.60 Food and Nutrition Services. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed September 19, 2023. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

68. State Operations Manual. Appendix W- Survey Protocol, Regulations, and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (Rev. 200, 02-21-20); §485.635(a)(3)(vi)

Dietary Services; §485.645 Swing-Beds. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed September 19, 2023. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf

69. Kemp JD, Hamady CM, Ludy MJ. Data Analysis Outside of Clinical Practice: An Innovative Application of the Nutrition Care Process and Model. *J Acad Nutr Diet*. 2022;122(3):500-507. doi:10.1016/j.jand.2021.03.012

70. Wetherill MS, White KC, Rivera C. Food Insecurity and the Nutrition Care Process: Practical Applications for Dietetics Practitioners. *J Acad Nutr Diet*. 2018;118(12):2223-2234. doi:10.1016/j.jand.2017.08.114

71. Bleich SN, Fleischhacker SE, Dean S. US Department of Agriculture's Approach to Tackling Food and Nutrition Insecurity: Rationale and Call to Action for Registered Dietitian Nutritionists. *J Acad Nutr Diet*. 2023;0(0). doi:10.1016/j.jand.2023.03.010

72. Evidence Analysis Library. Accessed May 3, 2023. https://www.andeal.org/

73. Medical Nutrition Therapy. Academy of Nutrition and Dietetics. Accessed May 4, 2023. https://www.eatrightpro.org/career/payment/medical-nutrition-therapy

74. Siopis G, Wang L, Colagiuri S, Allman-Farinelli M. Cost Effectiveness of Dietitian-Led Nutrition Therapy for People with Type 2 Diabetes Mellitus: A Scoping Review. *Journal of Human Nutrition and Dietetics*. 2021;34(1):81-93. doi:10.1111/JHN.12821

75. Sikand G, Cole RE, Handu D, et al. Clinical and Cost Benefits of Medical Nutrition Therapy by Registered Dietitian Nutritionists for Management of Dyslipidemia: A Systematic Review and Meta-Analysis. *J Clin Lipidol*. 2018;12(5):1113-1122. doi:10.1016/j.jacl.2018.06.016

76. Linsenmeyer W, Garwood S, Waters J. An Examination of the Sex-Specific Nature of Nutrition Assessment within the Nutrition Care Process: Considerations for Nutrition and Dietetics Practitioners Working with Transgender and Gender Diverse Clients. *J Acad Nutr Diet*. 2022;122(6):1081-1086. doi:10.1016/j.jand.2022.02.014

77. Mordarski BA, Hand RK, Wolff J, Steiber AL. Increased Knowledge, Self-Reported Comfort, and Malnutrition Diagnosis and Reimbursement as a Result of the Nutrition-Focused Physical Exam Hands-On Training Workshop. *J Acad Nutr Diet*. 2017;117(11):1822-1828. doi:10.1016/j.jand.2017.06.362

78. DeTallo C. Ed. *The Practitioner's Guide to Nutrition-Focused Physical Exam of Infants, Children, and Adolescents*. American Society for Parenteral and Enteral Nutrition; 2019.

79. Modarski B. *Nutrition Focused Physical Exam Pocket Guide*. Accessed May 9, 2023. https://www.eatrightstore.org/product-type/pocket-guides/nutrition-focused-physical-exam-pocket-guide-third-edition

80. Peregrin T. Identifying and Managing Conflicts of Interest. *J Acad Nutr Diet*. 2020;120(3):445-447. doi:10.1016/j.jand.2019.12.014

81. Peregrin T. Guidance Regarding the Recommendation and Sale of Dietary Supplements. *J Acad Nutr Diet*. 2020;120(7):1216-1219. doi:10.1016/j.jand.2020.05.009

82. Powers J, Brown B, Lyman B, et al. Development of a Competency Model for Placement and Verification of Nasogastric and Nasoenteric Feeding Tubes for Adult Hospitalized Patients. *Nutrition in Clinical Practice*. 2021;36(3):517-533. doi:10.1002/NCP.10671

83. Wischmeyer PE, Carli F, Evans DC, et al. American Society for Enhanced Recovery and Perioperative Quality Initiative Joint Consensus Statement on Nutrition Screening and Therapy Within a Surgical Enhanced Recovery Pathway. *Anesth Analg*. 2018;126(6):1883-1895. doi:10.1213/ANE.0000000000002743

84. Hasil L, Fenton TR, Ljungqvist O, Gillis C. From Clinical Guidelines to Practice: The Nutrition Elements for Enhancing Recovery After Colorectal Surgery. *Nutrition in Clinical Practice*. 2022;37(2):300-315. doi:10.1002/NCP.10751

85. Enhanced Recovery After Surgery Society for Perioperative Care. Accessed May 4, 2023. https://www.erassociety.org

86. American Diabetes Association Professional Practice Committee. 5. Facilitating Positive Health Behaviors and Well-being to Improve Health Outcomes: Standards of Care in Diabetes-2024. *Diabetes Care*. 2024;47(Suppl 1):S77-S110. doi:10.2337/DC24-S005

87. Heiss CJ, Goldberg L, Dzarnoski M. Registered Dietitians and Speech-Language Pathologists: An Important Partnership in Dysphagia Management. *J Am Diet Assoc*. 2010;110(9):1292. doi:10.1016/j.jada.2010.07.014

88. Swallowing Screening. American Speech-Language-Hearing Association. Accessed May 4, 2023. https://www.asha.org/practice-portal/clinical-topics/adult-dysphagia/swallowing-screening

89. Hilliard E. How Registered Dietitian Nutritionists Become and Practice as International Board Certified Lactation Consultants: Words of Advice and Calls to Action. *J Acad Nutr Diet*. 2023;123(5):722-724. doi:10.1016/j.jand.2022.11.011

90. Academy of Nutrition and Dietetics Evidence Analysis Library: Nutritional Genomics. Accessed May 4, 2023. https://www.andeal.org/topic.cfm?menu=5916

91. Ellis A, Rozga M, Braakhuis A, et al. Effect of Incorporating Genetic Testing Results into Nutrition Counseling and Care on Health Outcomes: An Evidence Analysis Center Systematic Review—Part II. *J Acad Nutr Diet*. 2021;121(3):582-605.e17. doi:10.1016/j.jand.2020.02.009

92. Robinson K, Rozga M, Braakhuis A, et al. Effect of Incorporating Genetic Testing Results into Nutrition Counseling and Care on Dietary Intake: An Evidence Analysis Center Systematic Review—Part I. *J Acad Nutr Diet*. 2021;121(3):553-581.e3. doi:10.1016/j.jand.2020.04.001

93. Braakhuis A, Monnard CR, Ellis A, Rozga M. Consensus Report of the Academy of Nutrition and Dietetics: Incorporating Genetic Testing into Nutrition Care. *J Acad Nutr Diet*. 2021;121(3):545-552. doi:10.1016/j.jand.2020.04.002

94. HIPAA and Other Regulations. Academy of Nutrition and Dietetics. Accessed May 3, 2023. https://www.eatrightpro.org/career/payment

95. Hui K, Gilmore CJ, Khan M. Medical Records: More Than the Health Insurance Portability and Accountability Act. *J Acad Nutr Diet*. 2021;121(4):770-772. doi:10.1016/j.jand.2020.06.022

96. Powers J, Brown B, Lyman B, et al. Development of a Competency Model for Placement and Verification of Nasogastric and Nasoenteric Feeding Tubes for Adult Hospitalized Patients. *Nutrition in Clinical Practice*. 2021;36(3):517-533. doi:10.1002/NCP.10671

97. Brown BD, Hoffman SR, Johnson SJ, Nielsen WR, Greenwaldt HJ. Developing and Maintaining an RDN-Led Bedside Feeding Tube Placement Program. *Nutrition in Clinical Practice*. 2019;34(6):858-868. doi:10.1002/NCP.10411

98. Corrigan ML, Bobo E, Rollins C, Mogensen KM. Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition Support. *J Acad Nutr Diet*. 2021;121(10):2071-2086.e59. doi:10.1016/j.jand.2021.05.026

99. Yeganehjoo M, Johanek J. Role of Registered Dietitians in Nasoenteric Feeding Tube Placement. *Nutr Clin Pract*. 2023;Epub ahead of print. doi:10.1002/ncp.11071

100. Davidson P, Ross T, Castor C. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Diabetes Care. *J Acad Nutr Diet*. 2018;118(5):932-946.e48. doi:10.1016/j.jand.2018.03.007

101. Bury C, DeChicco R, Nowak D, et al. Use of Bedside Ultrasound to Assess Muscle Changes in the Critically Ill Surgical Patient. *Journal of Parenteral and Enteral Nutrition*. 2021;45(2):394-402. doi:10.1002/JPEN.1840

102. Nutrition Wound Care Certified. NWCCTM Candidate Examination Handbook. Published online March 2022. Accessed May 4, 2023. https://www.nawccb.org/library/documents/Handbooks/NWCC_Candidate-Handbook.pdf

103. Eliot KA, Kolasa KM. The Value in Interprofessional, Collaborative-Ready Nutrition and Dietetics Practitioners. *J Acad Nutr Diet*. 2015;115(10):1578. doi:10.1016/j.jand.2015.03.025

104. Eliot KA, L'Horset AM, Gibson K, Petrosky S. Interprofessional Education and Collaborative Practice in Nutrition and Dietetics 2020: An Update. *J Acad Nutr Diet*. 2021;121(4):637-646. doi:10.1016/j.jand.2020.08.010

105. Skipper A, Lewis NM. Using Initiative to Achieve Autonomy: A Model for Advanced Practice in Medical Nutrition Therapy. *J Am Diet Assoc*. 2006;106(8):1219-1225. doi:10.1016/j.jada.2006.05.008

106. Brody RA, Byham-Gray L, Touger-Decker R, Passannante MR, Rothpletz Puglia P, O'Sullivan Maillet J. What Clinical Activities do Advanced-Practice Registered Dietitian Nutritionists Perform? Results of a Delphi Study. *J Acad Nutr Diet*. 2014;114(5):718-733. doi:10.1016/j.jand.2014.01.013

107. ACEND Doctoral Standards and Templates. Accessed September 11, 2023. https://www.eatrightpro.org/acend/accreditation-standards-fees-and-policies/advanced-practice-standards-for-doctoral-programs

108. Kvam KA, Benatar M, Brownlee A, et al. Amyotrophic Lateral Sclerosis Quality Measurement Set 2022 Update: Quality Improvement in Neurology. *Neurology*. 2023;101(5):223-232. doi:10.1212/WNL.0000000000207166

109. American Diabetes Association Professional Practice Committee, Gabbay RA. 4. Comprehensive Medical Evaluation and Assessment of Comorbidities: Standards of Care in Diabetes-2024. *Diabetes Care*. 2024;47(Suppl 1):S52-S76. doi:10.2337/DC24-S004

110. The Consortium of Telehealth Resource Centers. Accessed May 3, 2023. https://telehealthresourcecenter.org/

111. HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules. Medical Learning Network Fact Sheet. Centers for Medicare & Medicaid Services. Accessed May 3, 2023. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HIPAAPrivacyandSecurity.pdf

112. Peregrin T. Managing HIPAA Compliance Includes Legal and Ethical Considerations. *J Acad Nutr Diet*. 2021;121(2):327-329. doi:10.1016/j.jand.2020.11.012

113. Peregrin T. Telehealth Is Transforming Health Care: What You Need to Know to Practice Telenutrition. *J Acad Nutr Diet*. 2019;119(11):1916-1920. doi:10.1016/j.jand.2019.07.020

114. State Operations Manual. Appendix H-Guidance to Surveyors: End-Stage Renal Disease Facilities. (Rev. 200, 02-21-20). US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed September 19, 2023. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_h_esrdpdf

115. State Operations Manual. Appendix Z-Emergency Preparedness for All Provider Types Interpretative Guidance. (Rev. 204, 04-16-21). US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed September 19, 2023. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf

116. Accreditation and Regulations. Commission on Dietetic Registration. Accessed May 3, 2023. https://www.cdrnet.org/regulations

117. Food and Nutrition Service. Nutrition Standards for School Meals. US Department of Agriculture. Accessed May 3, 2023. https://www.fns.usda.gov/cn/nutrition-standards-school-meals

118. Occupational Safety and Health Administration. US Department of Labor. Accessed May 3, 2023. https://www.osha.gov/

119. Sexual Orientation and Gender Identity (SOGI) Discrimination. US Equal Employment Opportunity Commission. Accessed May 3, 2023. https://www.eeoc.gov/sexual-orientation-and-gender-identity-sogi-discrimination

120. Landmark U.S. Supreme Court Ruling Prohibits Sexual Orientation and Gender Identity-Based Discrimination in Employment (US). Accessed May 3, 2023. https://www.employmentlawworldview.com/landmark-u-s-supreme-court-ruling-prohibits-sexual-orientation-and-gender-identity-based-discrimination-in-employment-us/

121. Summary of the Major Laws of the Department of Labor. Accessed October 4, 2023. https://www.dol.gov/general/aboutdol/majorlaws

122. FoodSafety.gov. Accessed May 3, 2023. https://www.foodsafety.gov/about

123. State Retail and Food Service Codes and Regulations by State. US Food and Drug Administration. Accessed May 3, 2023. https://www.fda.gov/food/fda-food-code/state-retail-and-food-service-codes-and-regulations-state

124. About the Affordable Care Act. U.S. Department of Health & Human Services. Accessed May 3, 2023. https://www.hhs.gov/healthcare/about-the-aca/index.html

125. U.S. Federal Rules Mandating Open Notes. Open Notes. Accessed May 3, 2023. https://www.opennotes.org/onc-federal-rule/

126. The 21st Century Cures Act. National Institutes of Health. Accessed May 3, 2023. https://www.nih.gov/research-training/medical-research-initiatives/cures

127. The 21st Century Cures Act. US Food and Drug Administration. Accessed May 3, 2023. https://www.fda.gov/regulatory-information/selected-amendments-fdc-act/21st-century-cures-act

128. Information Blocking | HealthIT.gov. Accessed May 4, 2023. https://www.healthit.gov/topic/information-blocking

129. Glossary. Interprofessional Professionalism Collaborative. Published August 3, 2011. Accessed May 3, 2023. http://www.interprofessionalprofessionalism.org/uploads/1/8/8/6/1886419/glossary_ipc_terms_08_2011.pdf

130. Institute of Medicine. *To Err Is Human: Building a Safer Health System*. The National Academies Press; 2000.

131. Hark LA, Deen D. Position of the Academy of Nutrition and Dietetics: Interprofessional Education in Nutrition as an Essential Component of Medical Education. *J Acad Nutr Diet*. 2017;117(7):1104-1113. doi:10.1016/j.jand.2017.04.019

132. 2022 Standards and Templates. Accreditation Council for Education in Nutrition and Dietetics of the Academy of Nutrition and Dietetics. Accessed May 3, 2023. https://www.eatrightpro.org/acend/accreditation-standards-fees-and-policies/2022-standards-and-templates

133. Khalili H. Lackie K. Langlois S. Wetzlmair L. & Working Group (2022). Global IPE Situational Analysis Result Final Report. InterprofessionalResearch.Global Publication (ISBN: 978-1-7366963-2-3). Accessed October 5, 2023. http://www.interprofessionalresearch.global/

134. Interprofessional Education Collaborative. (2023). IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3. Accessed December 18, 2023. https://www.ipecollaborative.org/ipec-core-competencies

135. Mayfield B, ed. *Communicating Nutrition: The Authoritative Guide*. Academy of Nutrition and Dietetics; 2020.

136. MQii Toolkit - MQii. Accessed May 4, 2023. https://malnutritionquality.org/mqii-toolkit/

137. McCauley SM, Mitchell K, Heap A. The Malnutrition Quality Improvement Initiative: A Multiyear Partnership Transforms Care. *J Acad Nutr Diet*. 2019;119(9):S18-S24. doi:10.1016/j.jand.2019.05.025

138. Arensberg MB, D'Andrea C, Khan M. Clinical Leadership and Innovation Help Achieve Malnutrition Quality Improvement Initiative Success. *J Acad Nutr Diet*. 2019;119(9):S49-S55. doi:10.1016/j.jand.2019.05.021

139. Dosedel E. Compensation and Benefits Survey 2021. *J Acad Nutr Diet*. 2021;121(11):2314-2331. doi:10.1016/j.jand.2021.08.113

140. Majorowicz R, ed. *National Kidney Diet Professional Guide and Handouts (e-Book)*. 3rd ed. Academy of Nutrition and Dietetics; 2023. Accessed October 7, 2023. https://www.eatrightstore.org/product-type/ebooks/national-kidney-diet-professional-guide--handouts-ebook

141. Boyce B. An Ethical Perspective on Palliative Care. *J Acad Nutr Diet*. 2017;117(6):970-972. doi:10.1016/j.jand.2017.01.017

142. Schwartz DB, Posthauer ME, O'Sullivan Maillet J. Advancing Nutrition and Dietetics Practice: Dealing with Ethical Issues of Nutrition and Hydration. *J Acad Nutr Diet*. 2021;121(5):823-831. doi:10.1016/j.jand.2020.07.028

143. Schwartz DB, Barrocas A, Annetta MG, et al. Ethical Aspects of Artificially Administered Nutrition and Hydration: An ASPEN Position Paper. *Nutr Clin Pract*. 2021;36(2):254-267. doi:10.1002/NCP.10633

144. Robinson GE, Cryst S. Academy of Nutrition and Dietetics: Revised 2018 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Post-Acute and Long-Term Care Nutrition. *J Acad Nutr Diet*. 2018;118(9):1747-1760.e53. doi:10.1016/j.jand.2018.06.007

145. Bruening M, Perkins S, Udarbe A. Academy of Nutrition and Dietetics: Revised 2022 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Public Health and Community Nutrition. *J Acad Nutr Diet*. 2022;122(9):1744-1763.e49. doi:10.1016/j.jand.2022.04.005

146. The IHI Triple Aim | IHI - Institute for Healthcare Improvement. Accessed May 4, 2023. https://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx

147. Directories of Global Resources and Collaborations for International Food, Nutrition and Dietetics Professionals and Students - Academy of Nutrition and Dietetics Foundation. Accessed May 4, 2023. https://www.eatrightfoundation.org/foundation/resources/international-resources-and-opportunities/international-directories

148. Anderson Girard T, Russell K, Leyse-Wallace R. Academy of Nutrition and Dietetics: Revised 2018 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Mental Health and Addictions. *J Acad Nutr Diet*. 2018;118(10):1975-1986.e53. doi:10.1016/j.jand.2018.07.013

149. Roy PG, Stretch T. Position of the Academy of Nutrition and Dietetics: Child and Adolescent Federally Funded Nutrition Assistance Programs. *J Acad Nutr Diet*. 2018;118(8):1490-1497. doi:10.1016/j.jand.2018.06.009

150. Hayes D, Dodson L. Practice Paper of the Academy of Nutrition and Dietetics: Comprehensive Nutrition Programs and Services in Schools. *J Acad Nutr Diet*. 2018;118(5):920-931. doi:10.1016/j.jand.2018.02.025

151. Hayes D, Contento IR, Weekly C. Position of the Academy of Nutrition and Dietetics, Society for Nutrition Education and Behavior, and School Nutrition Association: Comprehensive Nutrition Programs and Services in Schools. *J Acad Nutr Diet*. 2018;118(5):913-919. doi:10.1016/j.jand.2018.03.005

152. Merlo CL, Tiu G, Wallace-Williams D, Brener ND, Figueroa H. Hiring Requirements and Qualifications of School Food Authority Directors Changed in Some Districts After Implementation of US Department of Agriculture Professional Standards. *J Acad Nutr Diet*. 2020;120(9):1538-1547. doi:10.1016/j.jand.2020.02.010

153. Daigle K, Subach R, Valliant M. Academy of Nutrition and Dietetics: Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Sports and Human Performance Nutrition. *J Acad Nutr Diet*. 2021;121(9):1813-1830.e55. doi:10.1016/j.jand.2021.04.018

154. Roseman MG, Miller SN. Academy of Nutrition and Dietetics: Revised 2021 Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Management of Food and Nutrition Systems. *J Acad Nutr Diet*. 2021;121(6):1157-1174.e29. doi:10.1016/j.jand.2021.02.007

155. Thomas OW, McManus CR, Badaracco C, MacLaren J, Mason A, McWhorter JW. Registered Dietitian Nutritionists Taking the Lead in Teaching Kitchens. *J Acad Nutr Diet*. 2023;123(10):1393-1405. doi:10.1016/j.jand.2023.07.006

156. Border K, Endrizal C, Cecil M. Academy of Nutrition and Dietetics: Revised 2018 Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Education of Nutrition and Dietetics Practitioners. *J Acad Nutr Diet*. 2019;119(1):124-136.e29. doi:10.1016/j.jand.2018.10.014

157. Emergency Preparedness Playbook. Commission on Dietetic Registration. Accessed May 3, 2023. https://www.cdrnet.org/excellence

158. Medical Dictionary by Farlex: Leadership. Accessed May 3, 2023. https://encyclopedia.thefreedictionary.com/Leadership

159. Grim J, Roberts S, eds. *Effective Leadership & Management in Nutrition & Dietetics (e-Book)*. Academy of Nutrition and Dietetics; 2023. Accessed October 8, 2023. https://www.eatrightstore.org/product-type/books/effective-leadership-management-in-nutrition-and-dietetics

160. Molinar LS, Childers AF, Hoggle L, Kent S, Porter H, Rusnak S. Informatics Initiatives at the Academy of Nutrition and Dietetics. *J Acad Nutr Diet*. 2017;117(8):1293-1301. doi:10.1016/j.jand.2017.01.029

161. Sauceda A, Frederico C, Pellechia K, Starin D. Results of the Academy of Nutrition and Dietetics' Consumer Health Informatics Work Group's 2015 Member App Technology Survey. *J Acad Nutr Diet*. 2016;116(8):1336-1338. doi:10.1016/j.jand.2016.04.009

162. Molinar LS, Childers AF, Hoggle L, Porter H, Turner P. Increase in Use and Demand for Skills Illustrated by Responses to Nutrition Informatics Survey. *J Acad Nutr Diet*. 2016;116(11):1836-1842. doi:10.1016/j.jand.2016.04.016

163. Learn About Quality. American Society for Quality. Accessed May 3, 2023. https://asq.org/quality-resources/learn-about-quality

164. Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies, and Hospital and Critical Access Hospital Changes to Promote Innovation, Flexibility, and Improvement in Patient Care. 42 CFR 482, 484, 485. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed May 3, 2023. https://www.federalregister.gov/documents/2019/09/30/2019-20732/medicare-and-medicaid-programs-revisions-to-requirements-for-discharge-planning-for-hospitals

165. International Dysphagia Diet Standardization Initiative. Academy of Nutrition and Dietetics. Accessed May 3, 2023. https://www.eatrightpro.org/practice/dietetics-resources/post-acute-and-long-term-care-management/post-acute-and-long-term-care-resources-from-other-organizations

166. Noland D, Raj S. Academy of Nutrition and Dietetics: Revised 2019 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition in Integrative and Functional Medicine. *J Acad Nutr Diet*. 2019;119(6):1019-1036.e47. doi:10.1016/J.JAND.2019.02.010

167. Hackert AN, Kniskern MA, Beasley TM. Academy of Nutrition and Dietetics: Revised 2020 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Eating Disorders. *J Acad Nutr Diet*. 2020;120(11):1902-1919.e54. doi:10.1016/J.JAND.2020.07.014

168. Tewksbury C, Nwankwo R, Peterson J. Academy of Nutrition and Dietetics: Revised 2022 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Adult Weight Management. *J Acad Nutr Diet*. 2022;122(10):1940-1954.e45. doi:10.1016/j.jand.2022.06.008

169. Dreyfus HL. *Mind over Machine: The Power of Human Intuitive Expertise in the Era of the Computer*. Free Press; 1986.

170. Doley J, Clark K, Roper S. Academy of Nutrition and Dietetics: Revised 2019 Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Clinical Nutrition Management. *J Acad Nutr Diet*. 2019;119(9):1545-1560.e32. doi:10.1016/j.jand.2019.05.013

171. Conway C, Lemons S, Terrazas L. Academy of Nutrition and Dietetics: Revised 2020 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Intellectual and Developmental Disabilities. *J Acad Nutr Diet*. 2020;120(12):2061-2075.e57. doi:10.1016/j.jand.2020.08.094

172. Pace RC, Kirk J. Academy of Nutrition and Dietetics and National Kidney Foundation: Revised 2020 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nephrology Nutrition. *J Acad Nutr Diet*. 2021;121(3):529-544.e56. doi:10.1016/j.jand.2020.10.012

173. Charuhas Macris P, Schilling K, Palko R. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Oncology Nutrition. *J Acad Nutr Diet*. 2018;118(4):736-748.e42. doi:10.1016/j.jand.2018.01.012

174. Ogata B, Carney LN. Academy of Nutrition and Dietetics: Revised 2022 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and

Expert) in Pediatric Nutrition. *J Acad Nutr Diet*. 2022;122(11):2134-2149. doi:10.1016/j.jand.2022.07.005

175. Gilmore C, Coltman A, Ojeda T, Pertel D, Ashafa M, McCauley S. Standards of Excellence in Nutrition and Dietetics Organization Criteria: An Update. *J Acad Nutr Diet*. 2023;(in press). doi:10.1016/j.jand.2023.11.005

176. The Joint Commission. Glossary. In: Comprehensive Accreditation Manual for Hospitals. Joint Commission Resources; 2020.

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